



The Republic of Trinidad and Tobago

REPORT ON THE EXERCISE OF THE FUNCTIONS AND POWERS OF THE MINISTRY OF HEALTH



2009-2010

FOREWORD

Minister of Health

A new decade ushered in with it a renewed effort by the Ministry of Health to initiate positive transformation in the health sector, and improvement in the lives of our citizens. This transformation, of course, will not only incorporate the will and work of those at the Ministry, but also include various stakeholders at the local, regional and international levels, those within governmental and non-governmental organizations, and most importantly the people of Trinidad and Tobago. This report incorporates the ambitious, but timely initiatives that were undertaken in fiscal year 2009-2010 and indicates the direction of the Ministry in years to come.

In addition to the streamlining of the Ministry's various departments and vertical services, the Ministry has continued its reform of the public health system in Trinidad and Tobago through rationalization, capacity building, institutional strengthening and the development of a mutually beneficial relationship with the public. In addition to this the Ministry also continued its expansion and upgrade of primary, secondary and tertiary health care facilities in the public sector.

As part of our effort to address the health care needs of the population, the Ministry took specific measures to promote healthier lifestyles, prevent and control communicable diseases, strengthen primary and mental health care, improve the health information system, engender research-led policies, and incorporate Quality Management Systems for improved delivery of health care. One small, but significant step forward in this effort was the successful passage of the Tobacco Control Act which seeks to prevent tobacco use by young people, enhance public awareness and ensure that consumers are provided with information to make more fully informed decisions about using tobacco.

The Ministry acknowledges the challenges ahead, especially during the nascent stages of such changes which challenge well-established norms and expectations. However, through the efficient utilization of resources, the willingness to recognize partners from diverse positions and the realization that this transformation is an ongoing process, steps are being taken to overcome these challenges and ensure that these changes are not impermanent, but endure over time and are adaptive to our changing needs.

This report and the achievements outlined within are a testament to the combined efforts of those within the Ministry's various Departments and Vertical Services, as well as our numerous service delivery partners. I wish to express my appreciation to all those who took part in this process, and many thanks in advance to all those who will ensure in the months and years ahead that the Ministry will realize its vision of a healthy, happy and productive Trinidad and Tobago.

Dr Fuad Khan

Minister of Health

WELCOME

Permanent Secretary

Welcome to the Ministry of Health. We are pleased to present the Ministry's Annual Report for the fiscal period 2009-2010. This has been one of the most stimulating and challenging periods for the Ministry, and marks a watershed in public health care delivery in Trinidad and Tobago. The Ministry, in measuring itself to local, regional and international standards, has sought to build on past efforts and improve our performance through our vision of positive transformation.

Our approach for the past year not only sets the stage for upcoming years in terms of change within the Ministry, it has also allowed us to better realize our responsibility and potential as the leading medium for public health care in our nation through mutual respect and meaningful dialogue with all stakeholders, both private and public. We appreciate the changing dynamics between economics and demographics in Trinidad and Tobago, especially the growing proportion of elderly people and the high incidence of lifestyle diseases, and the need to address these and similar problems through educational, legislative and institutional means.

We acknowledge the need for human resource development, technological advancement, and prudent financial management in order to ensure that the reforms in the public health sector are long-lasting and evident through enhanced service, especially to the most vulnerable in our society. Extra efforts will be made to improve management systems and information systems and understanding the perception of public health users, all towards creating a sustainable, more client centred system that is driven by efficiency and productivity.

Without the dedication and sacrifice of our staff at the Ministry and the numerous health care institutions, the health care professionals and the various support teams, both internal and external, there would be no realizable vision. We thank you all for your efforts and together, we will continue to work towards improvements in health care for all our citizens.

Ms Sandra Jones

Permanent Secretary

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About Us . . .

THE MINISTRY OF HEALTH REPUBLIC OF TRINIDAD & TOBAGO

Address: 63 Park Street, Port of Spain, Trinidad, West Indies

Telephone: (868) 627 0010-17

Fax: (868) 623 8492

Email: corpcomm@health.gov.tt

Mandate:

The Ministry of Health (MOH) is the lead agency with responsibility for the health sector in Trinidad and Tobago, with the Minister of Health having Parliamentary responsibility for health.

Executive Management Team during the period October 2009 to September 2010:

Permanent Secretary

Mrs Sandra Jones

Tel: 623-9119; Fax: 623-9528

Deputy Permanent Secretary

Mr Waltrude Diaz

Tel: 627-0010 ext. 640 Fax: 623-9528

Deputy Permanent Secretary

Ms Cheryll Hay

Tel/Fax: 623-0732

Chief Medical Officer

Dr Anton Cumberbatch

Tel: 625-0066 or 627-0010 ext. 616;

Fax: 623-9528

Health Programmes & Technical Support Services

Dr Kumar Sundaraneedi;

Medical Director

Tel: 623-3297; Fax: 624-2242

Chief Nursing Officer

Mr Arnim Hargreaves;

Tel: 624-7052; Fax: 623-9528

Corporate Communications

Mrs Judith Young-Ruiz;

Special Communications Advisor

Tel: 627-1047; Fax: 623-8492

Health Policy Research & Planning

Dr Andrea Yearwood; Director
Tel/Fax: 624-8570

Human Resources

Mrs Sherron Ahye-Romeo; Director (Ag)
Tel: 627-0012 ext. 413 Fax: 625-9892

Health Services Quality Management

Mrs. Valerie Alleyne-Rawlins; Advisor
Tel: 624-3536 Fax: 624-8601

Internal Audit

Ms Sarita Ghouralal;
Auditor III
Tel: 623-9754 Fax: 623-9754

Health Sector Advisor

Mr Reynold Beddeau
Tel: 627-6520; Fax: 625-3183

Project Management Unit

Mr. Ronald Koylass; Project Manager
Tel: 663-5932; Fax: 645-7751

Change Management

Ms Yolande Charles-Mottley; Manager
Tel: 627-0010 ext. 629

Health Education

Ms Yvonne Lewis; Director
Tel: 623-0245; Fax: 627-1863

Legal Services

Ms Bhabie Roopchand; Legal Advisor
Tel: 625-0346; Fax: 625-2258

Finance & Accounts

Mr Asif Ali; Director
Tel: 627-0012 ext. 321 Fax: 623-4548

General Administration

Administrative Officer V
Tel/ Fax: 624-0546

Information, Communication & Technology (ICT)

Mr Sergio Freue
Tel: 623-3147 Fax: 623-3147

Adviser, Health Promotion, Public Health

Dr Rohit Doon, Adviser
Tel: 627-0010 ext. 632 Fax: 623-9528

International Cooperation Desk

Mr David Constant; Director
Tel: 627-0010 ext. 546; Fax: 624-4210

OUR VISION

Our Corporate Vision for the Ministry of Health, which is below, reflects a preferred future state of our Ministry which will ensure a successful contribution to the long term health vision.

“The Ministry of Health is a proactive institution that makes sound evidence-based decisions to assure standards of excellence are achieved by all agencies that promote, protect and improve the health of the people of Trinidad and Tobago.”

OUR MISSION

“Our mission is to provide leadership for the health sector by focusing on policy making, planning, monitoring and regulation. The Ministry of Health will set national priorities based on needs assessment and will influence the provision of care by a combination of financing and regulation of public and private services.”

OUR CORE VALUES

The Ministry of Health espouses the following five core values which guide the Ministry in performing its functions:

Professionalism

We will ensure the most efficient and effective delivery of health services by trained and competent health personnel.

Total Quality

We are committed to excellence in our health care systems and all services.

Client-Centeredness

We emphasize the delivery of health services that are responsive to consumer needs and preferences.

Evidence-Based

We rely on research- and information-driven decision making at all levels.

Visionary

We provide proactive leadership to the sector.

CORE BUSINESS AREAS

THE MANDATE OF THE MINISTRY OF HEALTH

The Ministry of Health's mandate is to provide leadership and governance to the health sector of Trinidad and Tobago. In embracing its mandate, the primary role of the Ministry encompasses Health Planning, Policy Formulation, Regulation, Financing, Leadership, Monitoring and Evaluation, while the Regional Health Authorities have been established to provide clinical services.

Consequent on its primary role, the business of the Ministry is organized into the following core areas:

1. *Corporate Governance*

The Ministry establishes the parameters within which the health sector executes its statutory responsibilities, maintains effective collaborative relationships and demonstrates public accountability.

2. *Policy, Research and Planning*

Using sound research evidence to inform policy and decision making, the Ministry formulates strategic goals for improvement of the health status of the population.

3. *Regulation*

The Ministry engages in continuous review and enforcement of existing legislation and development of new legislation as appropriate.

4. *Monitoring & Evaluation*

The Ministry develops and implements systems to monitor the performance of the local health care system, to measure it against industry benchmarks and best practices.

5. *Service Delivery*

The Ministry provides financing to the Regional Health Authorities (RHAs) for health care services. Clinical and diagnostic services which are not available at the RHAs or which cannot be provided at the time of need to patients are also purchased from private sector providers.

To effect the core business areas identified above, the Ministry discharges the following essential Public Health Functions:

- Health Situation Monitoring and Analysis;
- Public Health Surveillance, Research and Control of Risks and Damage to Public Health;
- Health Promotion;
- Social Participation and Empowerment of Citizens in Health;
- Development of Policy, Planning, and Managerial Capacity to Support Efforts in Public Health and the Steering Role of the Ministry of Health;
- Public Health Regulation and Enforcement;
- Evaluation and Promotion of Equitable Access to Necessary Health Services;
- Human Resources Development and Training in Public Health;
- Quality Assurance of Individual and Population-based Health Services;
- Research, Development and Implementation of Innovative Public Health Solutions; and
- Reduction in the Impact of Emergencies and Disasters on Health.

The Vertical Services, National and Special Programmes, which are listed below, are therefore mandated to deliver some of these functions:

Vertical Services

- Public Health Inspectorate/Environmental Health
- Trinidad Public Health Laboratory
- National Surveillance Unit
- Emergency Services and Disaster Preparedness Unit
- Pharmacy/Drug Inspectorate
- Chemistry, Food & Drugs Division
- Insect Vector Control Division
- Veterinary Public Health
- National Blood Transfusion Service
- Queen's Park Counselling Centre and Clinic
- Hansen's Disease Control Programme
- National Tuberculosis Control Programme

- Occupational Health Unit
- Expanded Programme on Immunization
- Health Education Division
- National HIV/AIDS Programme
- Medical Library Services
- Nutrition and Metabolism Division
- Dental Nurses Training School
- Population Programme Services
- School of Advanced Nursing
- School of Nursing
- School of Midwifery
- Child Development Programme

National and Special Programmes

- Health Sector Reform Initiative
- Oncology Programme
- Emergency Health Services
- National Oncology Programme
- Tissue Transplant Programme
- Chronic Diseases Assistance Programme (CDAP)
- Medical Aid Programme
- Waiting List Initiative
- Cardiac Programme
- Audiology Services
- Trinidad and Tobago Health Science Initiative

ORGANIZATIONAL STRUCTURE

Figure 1
Organizational Structure
(September 18, 2008)

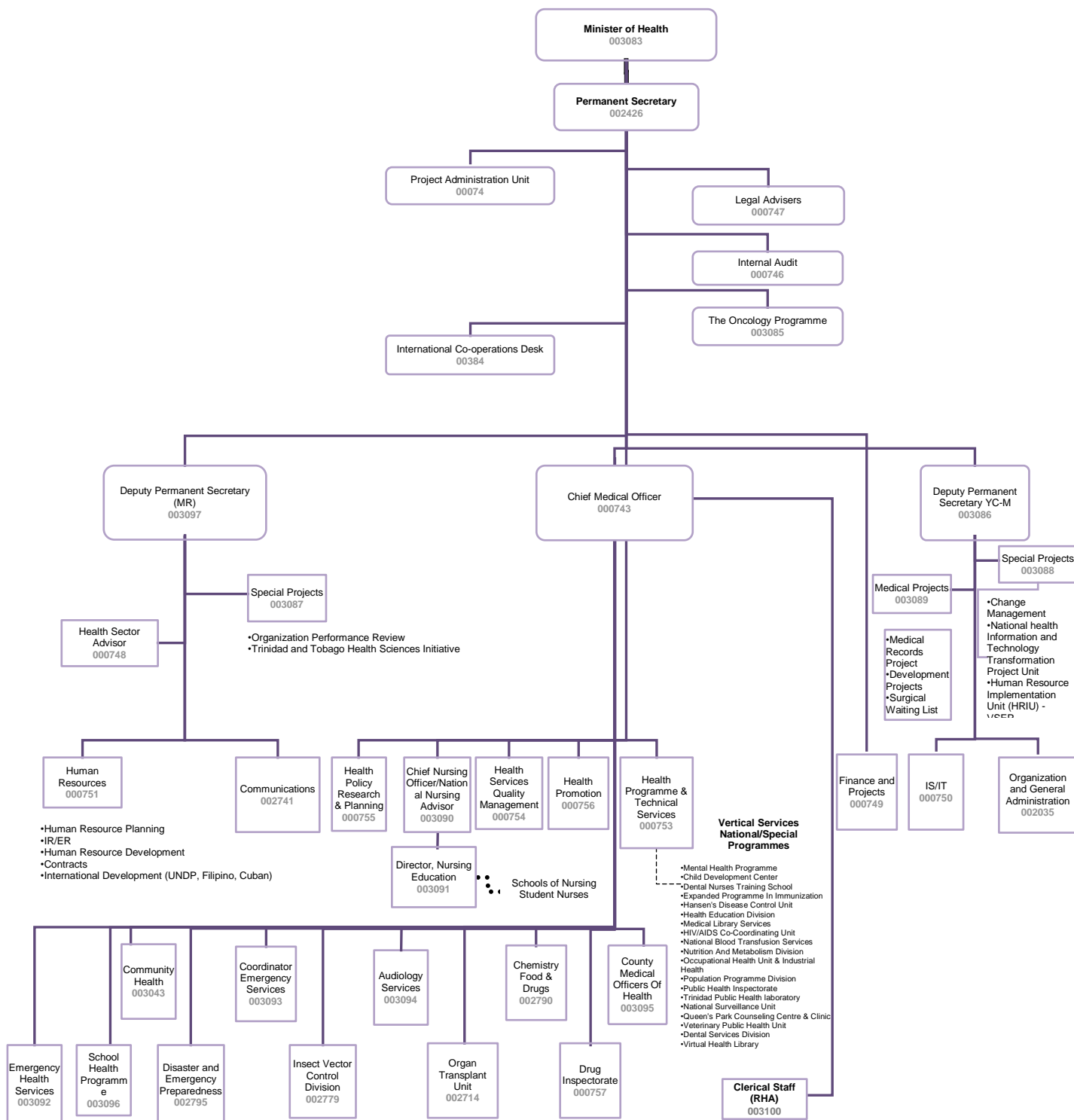
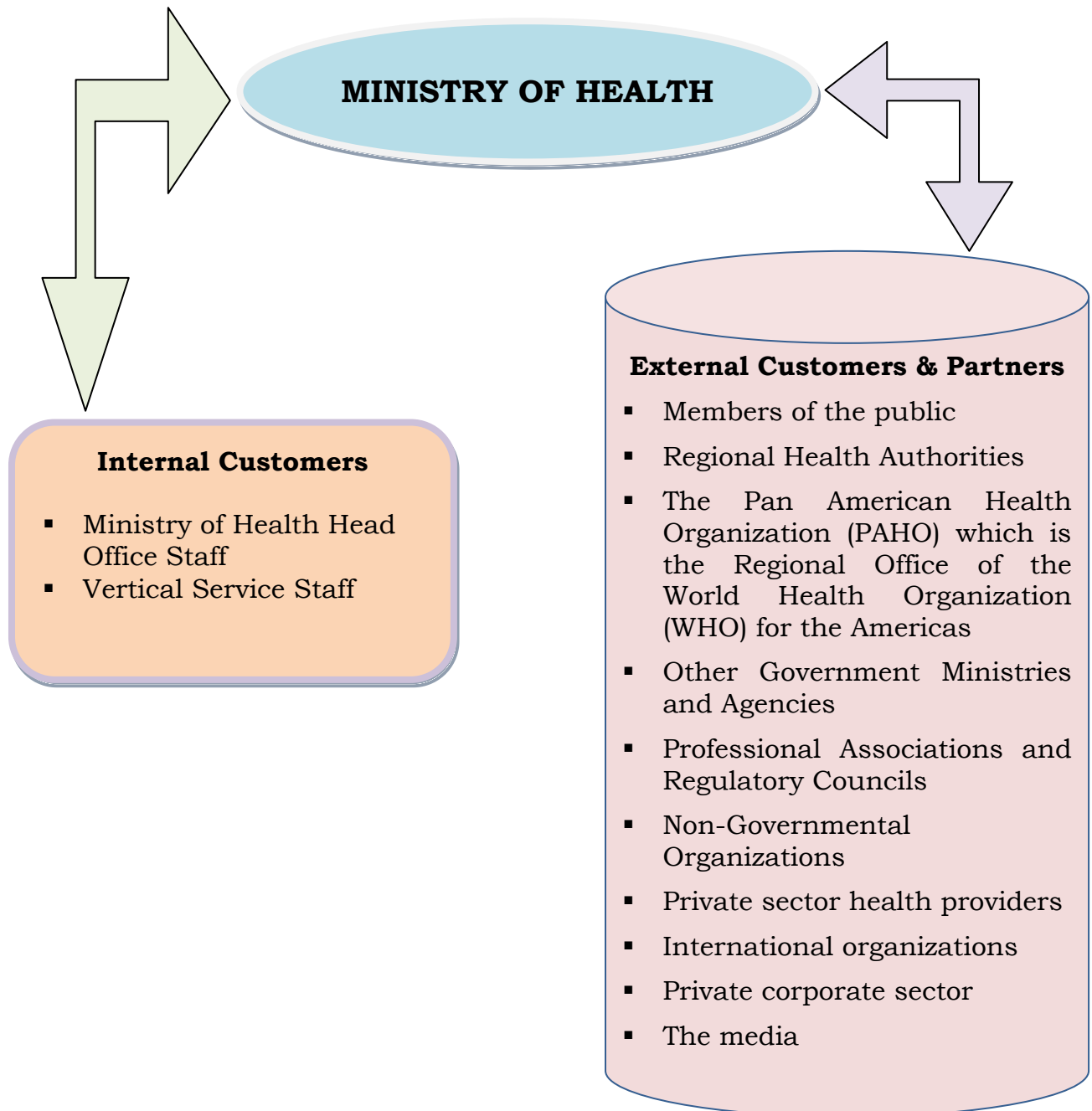


Figure 2

Internal and External Customers and Partners





PLANNING



FRAMEWORK



THE NATIONAL HEALTH AGENDA

The process of developing the Ministry of Health's agenda for fiscal year 2009-2010 was dependant on several factors, namely, national, regional and international obligations; the Ministry's 5-year transformational plan which emphasized the continued drive toward sector transformation and focused on institutional strengthening and capacity building to effect better management of the health sector; and the policies of the Peoples' Partnership Government which focused on overcoming human and infrastructural constraints of the health sector, highlighting wellness and promoting a system which emphasizes preventative medicine. Through this exercise, the Ministry positioned itself to ensure delivery of quality and effective health care to alleviate the health challenges of the population and to promote healthy lifestyles in order to achieve targeted health outcomes for 2010.

Let's take a closer look at the factors which informed the Ministry of Health's Goals for the fiscal year 2009-2010.

HEALTH RELATED COMMITMENTS OF TRINIDAD AND TOBAGO

The Ministry's strategic planning was informed by several national, regional and international obligations. These obligations include commitments by the Government of Trinidad and Tobago to: Vision 2020 goals; the Policy Framework of the Peoples' Partnership Government, the Caribbean Cooperation in Health III; the Port of Spain Declaration on CNCDs; the Health Agenda for the Americas 2008-2017; the Nassau Declaration; the Fifth Summit of the Americas; the Framework Convention on Tobacco Control (FCTC); the Millennium Development Goals; the World Declaration on the Survival, Protection and Development of Children; and the Merida Declaration.

NATIONAL OBLIGATIONS

Vision 2020

The Vision 2020 plan aimed to transform the country into a developed nation by the year 2020 through capital development—human, physical, social and economic—and through innovative activities.

Vision 2020: Vision for Health

“A nation empowered to live long, healthy, happy and productive lives”

Policy Framework of the Peoples' Partnership Government

The aim of this policy is to “*Ensure First Class Health Care for the People*”.

REGIONAL OBLIGATIONS

Caribbean Cooperation in Health

The Caribbean Cooperation in Health is an initiative among Caribbean Community (CARICOM) nations to promote greater collaboration and technical cooperation in health. The main goal is to improve and sustain the health of the people of the region.

Port of Spain Declaration on CNCDS

In September 2007, delegates from CARICOM met and agreed upon strategies to address the epidemic of chronic, non-communicable diseases in the Region. At the conclusion of this meeting the Declaration of Port of Spain was signed. Among the tenets in the declaration entitled, “*Uniting to Stop the Epidemic of Chronic NCDs*”, were the commitments from the Heads of Government to give full support for the initiatives and mechanisms aimed at strengthening regional health institutions; immediate pursuance of a legislative agenda for passage of the legal provisions related to the International Framework Convention on Tobacco Control; development of public education programmes on lifestyle management as well as through the formal education system and support for CARICOM and PAHO as the Joint Secretariat for the Caribbean Co-operation in Health (CCH) to be the entities responsible for the monitoring and evaluation of the Declaration.

Health Agenda for the Americas 2008-2017

This is an initiative of the countries of the Region, launched at the XXXVII General Assembly of the Organization of American States in Panama, June 2007, which aims to pursue an integrated, collective enterprise to attain the health goals of the Region over the coming decade.

Nassau Declaration

CARICOM Heads of Government, at their meeting in Nassau in 2001, declared, “The health of the region is the wealth of the region.” At this meeting CARICOM Heads of Government committed to building on current regional and sub-regional initiatives and seek to establish a series of networks in a coordinated regional structure designed to ensure equity in access to quality preventive and care regimes.

Fifth Summit of the Americas

The Declaration of Commitment of Port of Spain which was the result of the Fifth Summit of the Americas held in Trinidad and Tobago in April 2009 reiterated the commitment by Heads of States to improve the lives of the peoples of the Americas through, among other things, improved nutrition and access to health. Special mention was given to the problem of health inequalities that affect vulnerable groups, the need for continued support to combat non-communicable diseases (NCDs) and build on efforts to lower mortality rates, as well as the need for initiatives to create and implement preventive and control strategies at the individual, family, community and regional levels.

INTERNATIONAL OBLIGATIONS

Framework Convention on Tobacco Control

Recognizing that the tobacco epidemic is a global problem with serious consequences for public health, the World Health Organization (WHO) developed the Framework Convention on Tobacco Control (FCTC). The FCTC is an evidence-based treaty which contains several core tobacco specific demand and supply reduction provisions. The objective of the FCTC is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented at the national, regional and international levels. Trinidad and Tobago signed the FCTC in 2003 and ratified it in August 2004.

The Millennium Development Goals

A commitment by world leaders to achieve by 2015, eight goals agreed to at the United Nations (UN) Millennium Summit in September 2000. They include goals for health that address child and maternal mortality, HIV/AIDS, malaria and other diseases.

World Declaration on the Survival, Protection and Development of Children

Arising out of this UN declaration signed in 1990, a National Plan of Action for Children was developed. The Plan is multi-sectoral and engages stakeholders who are involved in the delivery of services to advocate on behalf of children. The Ministry of Health has responsibility for the achievement of set goals in the areas of maternal mortality, infant and under-five mortality; child malnutrition and low birth weight; child and adolescent health; reproductive health; health education and family life education; and combating HIV/AIDS.

Merida Declaration

In March 2008, Trinidad and Tobago, together with Ministers of Health in the Americas, signed the Declaration of Injury and Violence Prevention to take action to prevent and control intentional and unintentional injury and violence. In the Declaration, the Ministers of Health acknowledged the growing problem of injuries and violence and its social and economic burden. There was agreement to recognize injuries and violence as epidemic public health problems, to improve performance in the area of health promotion regarding violence and injury prevention, and to develop national initiatives through social, educational and health policies through increased alliances and consultations with stakeholders in the public and private sectors. The WHO and PAHO were identified as international institutions which can provide continued technical expertise and information in tackling the problem of injuries and violence.

MINISTRY OF HEALTH'S GOALS FOR 2009-2010

In 2008, the Ministry of Health developed a 5-year transformational plan which guided the work of the Ministry until May 23rd 2010. This Plan chartered the way forward and included milestones and fiscal deliverables to facilitate achievement of the vision of the health sector.

The Ministry's transformational plan identified **three strategic objectives**:

1. To foster a healthy and productive population through preventative care;
2. To create and maintain a First World health care delivery system; and
3. To develop and manage a comprehensive customer-based public health system.

Additionally, **nine key strategies** were developed to achieve those objectives. These strategies involved:

1. The Ministry of Health's Institutional Reform;
2. Strengthening of Vertical Services;
3. Strengthening of RHAs and other state owned bodies related to health;
4. Upgrading our Services and Infrastructure;
5. Skill Development and Availability;
6. Providing Quality Service;
7. Developing Information and Communication Technology;
8. Rationalizing our Health Financing; and

9. Continuous Improvement on all levels.

With effect from May 24th 2010, the Ministry was guided by the Policy Framework of the Peoples' Partnership Government. The key elements of the Policy Framework which related to health were to:

1. Improve Health Care Management;
2. Meet the Urgent Complex Health Care Needs of Society's Most Vulnerable;
3. Support Patient's Rights through Quality Standards, Policies and Legislation;
4. Develop Infrastructure and Improve Equipment;
5. Reduce the Prevalence of Communicable Diseases, including HIV/AIDS; and
6. Addressing Chronic Diseases and Mental Health.

STRATEGIC OUTCOMES

Based on the commitments and the goals given above, the Ministry of Health identified several targeted health outcomes which are aligned to Trinidad and Tobago's vision for health of '*a nation empowered to live long, healthy, happy and productive lives*'. These targeted outcomes were to:

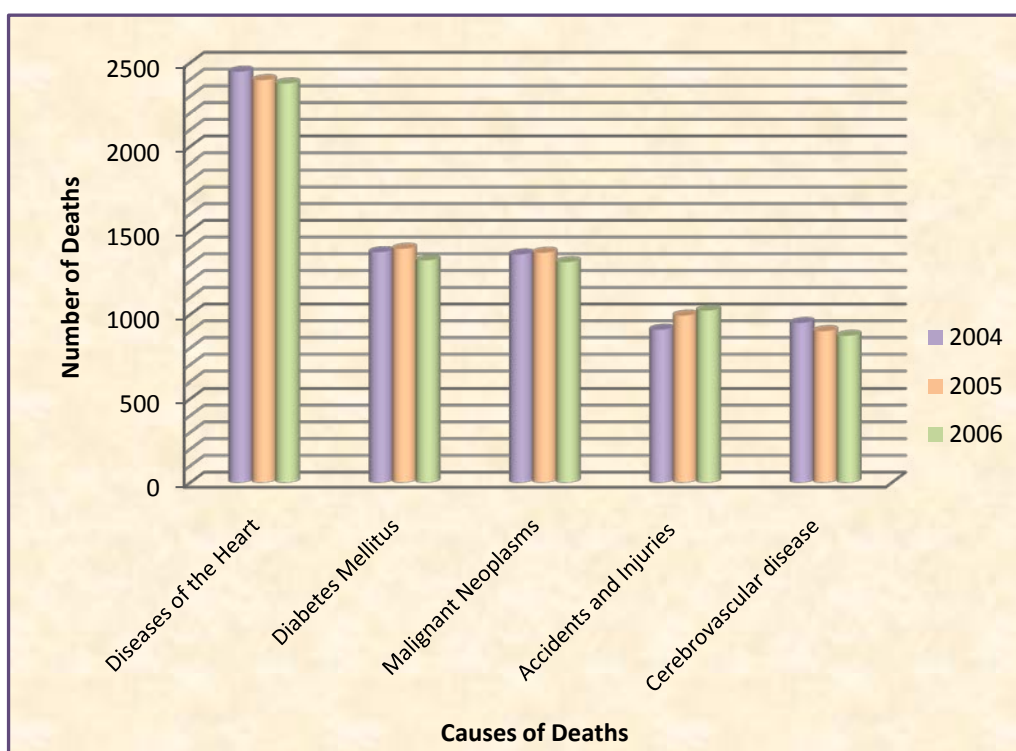
- Increase life expectancy to 69 years for males and 74 years for females by 2010;
- Reduce the maternal mortality ratio by three-quarters by 2015;
- Reduce the infant mortality rate by 38 percent by 2010;
- Reduce the under-five mortality rate by two-thirds by 2015;
- Prolong life for HIV/AIDS victims as mortality due to AIDS is reduced by 30 percent;
- Increase the number of nurses per 10,000 population ratio to 20.0 by 2010;
- Increase the number doctors per 10,000 population RATIO to 12.0 by 2010; and
- Reduce the number of deaths by lifestyle diseases by 25 percent by 2010.

During the reporting period the Ministry continued to make strides toward achieving its targeted outcomes by empowering the population to take ownership and responsibility for their own health through health promotion and education initiatives which were geared toward fostering healthy lifestyles and encouraged, healthy eating

habits, avoidance of the use of tobacco products, making informed choices about safer sexual practices and the inclusion of physical activity a part of one's daily routine.

Ultimately, the fruits of these initiatives would lead to a reduction in the prevalence of HIV/AIDS and CNCDs such as, heart disease, diabetes, and tobacco related cancers, which have been the leading causes of death in Trinidad and Tobago according to the latest data available and is shown in *Figure 3* below.

Figure 3
Leading Causes of Death



Morbidity due to these and other diseases continued to be a challenge and so the Ministry sought to upgrade its facilities and equipment and endeavoured to provide adequate staffing to facilitate a quality health care delivery system. Where there were shortages of Nurses and Doctors, such professionals were sourced from other countries. In instances where the Ministry could not provide adequate or needed care and investigative analyses, these services were sourced from private health institutions with the associated costs borne by the Ministry.

Table 1 shows the progress of the Ministry with regard to the achievement of its Strategic Outcomes.

Table1
Key Performance Indicators for Health

Indicator	Baseline Year	Baseline Indicator	2006	2007	2008	2009	Target 2010
Life Expectancy - Male	2000	68.3	68.3	68.3	68.8	68.3	68.6
Life Expectancy - Female	2000	73.7	73.7	73.7	73.7	73.7	74.4
Maternal Mortality (rate)	2004	29.4	66.3	31.8	29.0*	16.1*	-
Infant Mortality (rate)	2004	24.2	13.1	11.7	12.2*	13.2*	15.1
Under-five mortality (ratio)	2004	18.6	15.5	-	-	-	-
HIV - Incidence (rate per 100,000)	2004	112.9	110.9	105.3	111.7	105.2	90.6
AIDS - Incidence (rate per 100,000)	2004	19.2	10.7	8.3	4.8	9.7	8.1
Immunization Coverage (%) (1 year olds) - Polio	2004	94	89	90	90.5*	92.7*	100
Immunization Coverage (%) (1 year olds) - MMR	2004	100	89	91	91.4*	94.5*	100
Immunization Coverage (%) (1 year olds) - DPT	2004	94	92	90	90.7*	90.2*	100
Nursing Professionals (per 10,000 population)	2004	18.0	36	36	20.4	-	20.0
Physicians (per 10,000 population)	2004	10.0	12	12	13.3	-	12.0

Source: Ministry of Health's Statistical Unit

* Provisional Data

ACHIEVEMENTS

2009-2010



6th Annual Quality Awards Ceremony



Health and Wellness Expo



Children's Life Fund



Immunization Week on
Brian Lara Promenade

Over the fiscal year 2009 to 2010 the Ministry of Health through its Departments, Vertical Services, National and Special Programmes, set out to fulfill its Health Agenda and undertook several activities which were ultimately aimed at improving the quality and delivery of health care in the public health care system. Some of these activities included: the development of policies and plans that support individual and community health efforts; the enforcement of laws and regulations that protect health and ensure safety; monitoring the health status of the population to identify health problems; the promotion of health and wellness in the population; the investigation of health problems and health hazards; the evaluation of population-based health services and the attainment of health goals. In addition, the Ministry continued to expand and improve the cadre of competent healthcare workers and partnered with the private sector to provide an expanded range of services to the public.

A more in depth discourse of the activities and achievements of the Ministry of Health is presented below.

CORPORATE GOVERNANCE

Governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability. At the highest organizational level of the Ministry of Health this function is carried out by the Management Executive Team of the Ministry. The Management Executive Team Meetings are chaired by the Permanent Secretary and comprises:

- Deputy Permanent Secretaries
- Chief Medical Officer
- Advisor, Health Promotion, Communications and Public Health
- Advisor, Health Sector Reform
- Specialist Medical Officer, Occupational Health
- Accounting Executive II
- Facilities Manager
- Senior Human Resource Officer (SHRO) - Planning
- SHRO - Industrial Relations and Employee Relations
- SHRO – Training
- Internal Communications Officer
- Heads of the following:
 - ❖ Directorate, Health Policy Research and Planning
 - ❖ Directorate, Health Services Quality Management
 - ❖ Directorate, Finance and Projects
 - ❖ Directorate, Health Programmes and Technical Services

- ❖ Legal Services Department
- ❖ Nursing Division
- ❖ Human Resource Management Unit
- ❖ Health Education
- ❖ Health Sector Human Resource Planning & Development Unit
- ❖ Corporate Communication
- ❖ Information Communication and Technology Unit
- ❖ Change Management Unit
- ❖ Project Management Unit
- ❖ International Cooperation Desk
- ❖ Internal Audit
- ❖ Organization and General Administration

POLICY AND PLANNING

The policy and planning function of the Ministry of Health is led by the Directorate of Health Policy, Research and Planning, which has oversight for the development of national and public health sector plans and policies. The policy and planning function in the ministry is also supported by the Nursing Division which assists in the development of policies and plans for the nursing fraternity, and by the Health Sector Human Resource Planning and Development Unit which has responsibility for health human resource planning for the health sector.

1. DIRECTORATE HEALTH POLICY, RESEARCH AND PLANNING

The Directorate of Health Policy, Research and Planning is responsible for the development of strategic health plans and policies to improve the health of the population. The Directorate also provides strategic decision support to Executive Management and monitors departmental work programs to ensure alignment with health goals and targets.

Key Roles and Functions:

- ❖ Strategic health planning which involves the development of long-term plans for achieving specific results for the health status of the nation;
- ❖ Corporate/business planning which is the process of setting objectives and priorities for the internal operation of the Ministry in the light of its mandate;
- ❖ Research services and the provision of statistical data;

- ❖ Policy development or setting of clear guidelines or principles upon which health care services are to be delivered and managed;
- ❖ Development and implementation of systems to align and monitor Departmental Work Plans with stated health goals;
- ❖ Collation of data for the assessment of the health needs of the population;
- ❖ Monitoring health programs and evaluating the attainment of health goals;
- ❖ Development of Purchasing Intentions and Annual Service Agreements for the Ministry of Health;
- ❖ Providing oversight of the National Tobacco Control Programme; and
- ❖ Providing strategic decision support to Executive Management.

POLICIES

The Directorate collaborated with key stakeholders to develop the following policies:

Prevention of Mother to Child Transmission (PMTCT) of HIV Policy

This Policy was developed in support of the PMTCT programme, which is discussed further under the achievement of the *HIV/AIDS Coordinating Unit* at pages 46-47, and to articulate the Ministry of Health's position as it relates to the prevention of mother to child transmission of HIV.

The objectives of the Policy are to:

- ❖ Provide a framework for the implementation of strategies for primary prevention of HIV infection among women, especially young women;
- ❖ Reduce the number of unintended pregnancies among HIV infected women;
- ❖ Reduce the transmission of the HIV virus from infected women to their babies during and after pregnancy; and
- ❖ Increase access to appropriate treatment, care and support to HIV infected mothers, their infants and families.

Expected Policy Outcomes:

- ❖ Decreased HIV/AIDS morbidity and mortality statistics;
- ❖ Decreased infant mortality rates;
- ❖ Better management of the HIV/AIDS epidemic; and
- ❖ Increased life expectancy for mothers infected with HIV and their babies.

National Post Exposure Prophylaxis Policy

Post Exposure Prophylaxis (PEP) is a short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally or through sexual contact.

This policy addressed the responsibilities and duties of the Ministry of Health, the Regional Health Authorities and all Public and Private Health Care providers with respect to administering Post Exposure Prophylaxis to individuals who have been exposed to the HIV virus through occupational exposure, sexual abuse or rape.

The objectives of the Policy are to:

- ❖ Reduce the risk of HIV infection after occupational or non-occupational exposure to body fluids;
- ❖ Increase the availability of Post Exposure Prophylaxis to persons exposed to body fluids; and
- ❖ Increase knowledge about the use of Post Exposure Prophylaxis.

Expected Policy Outcomes:

- ❖ Healthcare workers and others who live and work with people living with HIV (PLHIV) will do so in conditions that comply with universal precautions;
- ❖ Best practice for the delivery of prophylaxis will be utilized in the management of those exposed to body fluids;
- ❖ Increased knowledge and more efficient use of post exposure prophylaxis and greater ability to mobilize resources for a given incident;
- ❖ The HIV/AIDS epidemic will be contained;
- ❖ Support and care will be provided for those who are infected and affected by HIV/AIDS;
- ❖ Expenditure on HIV/AIDS institutional care will decrease; and
- ❖ Morbidity and mortality from HIV/AIDS related conditions will decrease.

National HIV Testing and Counselling Policy

HIV testing, using blood samples to determine the presence of HIV antibodies and yielding a positive or negative result, usually within days, is a critical component of the public health strategy to prevent and control the spread of HIV. With the advent of improved diagnosis, methods of treatment and availability of antiretroviral medicines at affordable prices, governments have established policies and programmes supporting universal access to testing.

The National HIV Testing and Counselling Policy provided a framework for effective action to facilitate access to safe and ethical testing services for the population.

The objectives of the Policy are to:

- ❖ define the roles, responsibilities, and rights of patients and health care providers in achieving Universal Access to HIV testing and counseling;
- ❖ provide a platform for guiding HIV testing and counselling services, programme development and delivery;
- ❖ remove the existing barriers to citizens and nationals having free access to quality HIV testing and counselling services;
- ❖ promote Provider Initiated Testing and Counselling (PITC) for all patients accessing health care services; and
- ❖ ensure uniformity in the testing and counselling services offered at the various health facilities.

Expected Policy Outcomes:

- ❖ Increased HIV testing and counselling (PITC and VCT);
- ❖ Support and care provided for those who are infected and affected;
- ❖ Citizens empowered to lead long, healthy lives with adequate access to an efficient health care delivery system;
- ❖ Positive risk reduction behaviour changes among clients;
- ❖ Decreased expenditure on HIV/AIDS institutional care;
- ❖ Decreased morbidity and mortality from HIV/AIDS related conditions; and
- ❖ The HIV/AIDS epidemic contained.

Health Sector-HIV Workplace Policy

In April 2008, a National Workplace Policy on HIV for Trinidad and Tobago was launched. This Policy provided a framework for an effective workplace response to HIV and was intended to guide and support all stakeholders/social partners in their policy development and implementation process. In keeping with this premise, the Ministry of Health developed a Workplace Policy on HIV designed to address the peculiarities of the health sector. This policy is to be implemented by all departments of the Ministry of Health and the Regional Health Authorities as well as the private health sector.

The Workplace Policy on HIV for the health sector was developed to provide the framework for action to reduce the spread of HIV and to manage its impact on the health workforce, including the care and support of Health Care Workers Living with

HIV. It describes the sector's position and practice for the effective prevention and control of HIV. It is a roadmap, which outlines the course that this organization should use in addressing HIV-related issues in the workplace.

The objectives of the Policy are to:

- ❖ Set minimum standards for support and management for persons infected with or affected by HIV in the work environment;
- ❖ Promote structures and programmes to eliminate stigma and discrimination against persons infected with or affected by HIV;
- ❖ Raise awareness and contribute to halting the spread of HIV and also to mitigate the impact of the epidemic; and
- ❖ Inform and train managers, and employees on their rights and obligations regarding HIV.

Expected Policy Outcomes:

- ❖ A supportive work environment in all health facilities for persons infected with or affected by HIV;
- ❖ Reduction in stigma and discrimination in the workplace;
- ❖ Strengthened institutional capacity for planning and management of comprehensive work place programmes to address HIV in the workplace thus minimizing the social, economic and developmental consequences to the organization and its employees; and
- ❖ Contribution to the reduction of new infections.

The Directorate was also instrumental in coordinating and planning the activities of several Departments and stakeholders to facilitate the development and implementation of provisions contained within the Tobacco Control Act. Some of these activities included:

ESTABLISHMENT OF A TOBACCO CONTROL UNIT

The Ministry initiated the process of establishing a Tobacco Control Unit by engaging a Consultant to develop a Business Model for the Unit, an Organizational Design Methodology, Draft Roles and Functions of the Tobacco Control Unit and an Implementation Plan. Consequent on a workshop which was held in July 2010 which constituted a multisectoral group of participants, the above mentioned deliverables were finalized and submitted to Ministry for action. By the end of the fiscal year, the Ministry was in formal discussion with the Public Management Consulting Division (PMCD) of the Ministry of Public Administration regarding the establishment of the Unit.

INDOOR AIR QUALITY SURVEY

The Ministry of Health in conjunction with PAHO conducted a survey to assess nicotine levels in public places in February, 2010. Public Health Inspectors placed one hundred (100) indoor air monitors at three (3) hospitals, six (6) secondary schools, six (6) offices, two (2) airports and fourteen (14) Restaurants/Bars/Clubs for a duration of one (1) week. At the end of the week, the monitors were retrieved and sent for analysis by the Institute of Global Tobacco Control, John Hopkins Bloomberg School of Public Health, Baltimore MD, USA, which is a WHO Collaboration Centre. On receipt of the analysis from the Laboratory, PAHO would prepare and submit a report on the findings of the study. The report of the results is expected shortly.

PUBLIC EDUCATION

A number of press conferences were held to sensitize the public, as well as the media, of the health risks of tobacco use, second-hand tobacco smoke and the ramifications of the sections of the Act which were proclaimed.

Upon requests from both public and private organizations, the Ministry facilitated several sensitization programmes on the implications of the sections of the Act which were proclaimed.

An intense communication strategy was implemented and incorporated the use of print, radio internet and television media to inform the public of the health risks of tobacco products and second-hand smoke, the proclamation of sections of the Act and the contact mechanism for the Ministry which included the new email address, tobaccocontrol@health.gov.tt.

SMOKING CESSATION

Primary care doctors were trained in the use of techniques of smoking cessation and a National Tobacco Cessation Programme is currently being developed for implementation in public health care facilities with behavioural intervention as the first strategy.



2. NURSING DIVISION

The practice of Nursing in Trinidad and Tobago is governed by the Nurses and Midwives Registration Act Chapter 29:35 and regulated by the Nursing Council of Trinidad and Tobago (NCTT). In keeping with the criteria of the profession, the Nursing Division is charged with the responsibility for developing policies and plans to guide the nursing fraternity in Trinidad and Tobago. The Division is also engaged in promoting wellness and ensuring the availability of client-focused quality nursing and midwifery services to all persons in Trinidad and Tobago in an affordable, sustainable and equitable manner. The Division's key roles and functions are to:

- ❖ Establish a system for identifying, monitoring and forecasting the Nursing and Midwifery workforce for the delivery of health care;
- ❖ Formulate national policies and plans to strengthen the development of nursing and midwifery professions in Trinidad and Tobago;
- ❖ Recruit adequate numbers of nurses, midwives and other nursing personnel with the competencies to meet the health care needs of the client system; and
- ❖ Promote the restructuring of the nursing and midwifery education systems in response to current trends in education and health needs of the population.
- ❖ Foster quality care for patients at the public health institutions.

The Nursing Division, in keeping with international best practice, developed several Policies which are as follows:

The SoP for the Generalist & Specialist Nurse

Every profession outlines for its practitioners parameters, called the Scope of Practice (SoP) which informs their function. Nursing as a profession subscribes to this principle. The SoP for the Generalist and Specialist Nurse are informed by International Nursing Agencies and information from the local specialty units of the major institutions. It should be noted that the scope of practice forms the macro parameters of function and will be further outlined by the employing agency.

The Uniform Policy for Nursing Personnel

This policy was designed to guide managers and employees on the standards of dress and appearance. Recognizing the diversity of cultures and religions within our society the policy provides a sensitive approach when this affects dress and uniform requirements, however, priority will be given to health and safety, security and infection control considerations. The policy aims to provide a public image branding of professional nursing personnel, to reduce infection prevention and control related issues, and to ensure that clothing is compatible with safe moving and handling of patients in the delivery of care.

Policy for the Allocation of Newly Trained Nurses

This policy for the Allocation of Student Nurses was developed to guide in the effective allocation/distribution of “Newly Registered Nurses”. The policy gives responsibility to the Ministry of Health and the Regional Health Authorities to conduct needs assessments to determine the number of Registered Nurses to be allocated to each RHA.

Preceptorship Policy

The aim of the preceptorship policy is to enhance the competence and confidence of newly registered nursing practitioners as autonomous professionals. Preceptorship is a procedure where up to four (4) new nurses are mentored by senior nurses for a period of six (6) months. Preceptorship will support the policy drive to place quality as the focus of everything that is done in health care while maximizing Regional Health Authorities’ productivity through harnessing and spreading innovation. It can also support strategies that impact directly on patient care delivery. Confidence can be created when patients see that nurses have the skills to provide the level of care which patients’ desire.

Effective preceptorship arrangements can also be used by employers as part of existing procedures and to support the development of regulations or standards.

Internship Policy

This policy was developed to allow for the provision of a structured, supportive bridge for the intern to demonstrate understanding and competence in technical skills and procedures related to provision of quality care. Additionally, the intern will be given the opportunity to apply sound clinical judgment and critical thinking skills throughout the nursing process in the management of patient care. The purpose of this framework is to assist in the facilitation of the programme in outlining the requirements and expectations of the intern and educator.

The Ministry ensured that the nurses who provide care at the Public Health Institutions are educated on par with CARICOM and international standards and so upgraded the basic requirement for entry into the nursing profession as a Registered Nurse to the Bachelor of Science in Nursing. This programme of study is offered at the School of Advanced Nursing, UWI, COSTAATT and the University of the Southern Caribbean.

Additionally, Nurses duly registered with the NCTT who desire to pursue personal and professional development have the option of accessing specialty training programmes such as:

- Trauma and Emergency Care Nursing

- Introductory Course in Nursing Education
- Renal Nursing
- Operating Theatre Nursing
- Scrub Technicians
- Intensive Care Nursing
- Paediatric Nursing
- Burns Management
- Midwifery
- District Health Visitor

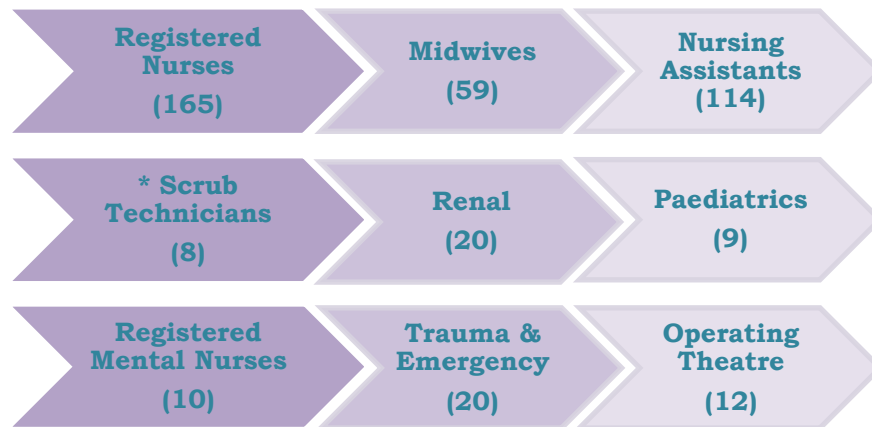


Nurses' Graduation 2009

A total of four hundred and seventeen (417) nurses graduated in 2010. The group comprised the following:

Figure 6

Nurses Graduating in 2010



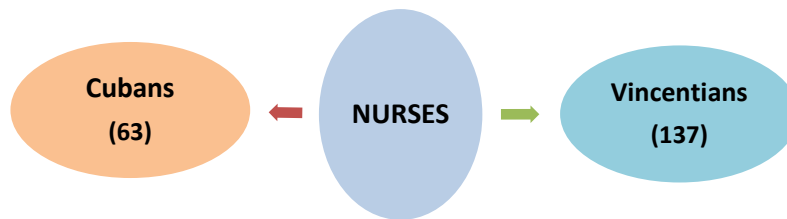
* Scrub Technicians are Enrolled Nursing Assistants

The Schools of Nursing and Midwifery attained Registration for one year with the Accreditation Council of Trinidad and Tobago. The process of re-registration with the Accreditation Council of Trinidad and Tobago has already begun.

The post of Advance Practice Nurse was accepted and passed in Parliament and is currently being incorporated in the Nurses and Midwives Registration Act of 33 of 1960. This is currently at the Ministry of Legal Affairs for the process to be completed.

Figure 7 shows the number of foreign Nurses who were recruited during the reporting period to complement the existing number of nurses to improve the public health institutions' ability to provide quality care for the people of this country.

Figure 7
Foreign Doctors and Nurses Recruited
2009-2010



3. HEALTH SECTOR HUMAN RESOURCE PLANNING AND DEVELOPMENT UNIT

The health sector in **Trinidad and Tobago** is beset by issues such as staff shortages, the migration of health workers and weak sectoral workforce planning. While there are human resource departments at each of the Regional Health Authorities and the Ministry of Health, they are engaged in human resource planning for their particular institutions and not in **human resource planning for the health sector**. As such, the Ministry of Health sought to address this gap by establishing a Health Sector Human Resource Planning and Development Unit to give dedicated attention to human resource issues pertaining to aligning human resource planning with national strategic planning for health.

The Health Sector Human Resource Planning and Development Unit was established on April 7, 2010 and is responsible for carrying out the following:

- ❖ Taking account of the present health workforce and identifying the overall gaps in human resources to service our present health needs;
- ❖ Working with educational institutions to influence the development of curricula which would address the demand for the various skills sets;
- ❖ Providing guidelines and a framework to the Ministry and RHAs for the management of the performance of health workers;
- ❖ Providing recommendations and strategies which would allow for less labour intensive and more cost effective utilization of resources; and
- ❖ Providing retention strategies which can be used in the public sector to decrease “brain drain” and decrease reliance on foreign labour.

The Unit began the creation of a Dictionary of current jobs in the Health Sector which would identify all health sector specific jobs. It is proposed that a code can be developed similarly to that of the International Standard Classification of Occupations (ISCO) 88 definitions. Thus far the Unit began the collection of job descriptions and other job related information; prepared an online concept and “hard” version of Dictionary conceptualized and formed a committee to promote careers in Health.

The Unit is in the process of identifying an accurate number and location of workers in the health sector. With regards to the RHAs, data has been received from the TRHA, ERHA and SWRHA. The data from the TRHA and ERHA were analysed for attrition/aging of staff. Data was also received from the Medical Board of Trinidad and Tobago (MBTT), the Nursing Council and the Opticians Registration Council. The data which was sent from the MBTT and Nursing Council are in the process of being re-formatted.

The development of a Network of Stakeholders for the Health Sector was initiated and is inclusive of:

- ❖ A comprehensive list of Non-Governmental Organisations, Community Based Organisations and regulatory bodies (inclusive of liaisons);
- ❖ Agreements on the sharing of information and partnering with the MOH; and
- ❖ Periodic statutory meetings for the sharing of information and monitoring of progress in identified partnership goals.

Thus far, a proposal for the hosting of a series of Stakeholders’ Meeting has been developed and approved.

In progress was a review of the Curricula for health related training, specifically, the recommendations for the revision/amendment/alignment of curricula to meet identified health needs. Currently, research has been conducted and information was collected on the following:

- ❖ Competencies of medical practitioners;
- ❖ Requirements for an effective curriculum; and
- ❖ Modern trends and new courses in schools of medicine.

The Unit intends to indentify the policy and possible regulatory needs for Human Resources for Health (HRH). This would enable the recommendations and rationale for regulations and policies to help the sector to be more effective and efficient. So far the following were completed:

- ❖ **Recruitment and Retention Policy**

This Policy aims to ensure that the health sector operates within a systematic framework of best practice in its recruitment and retention initiatives. It will act as a guide to all Regional Health Authorities and health institutions throughout Trinidad and Tobago to ensure the recruitment of staff that is capable of carrying out required duties and responsibilities. By following this policy, standards and processes will be established and maintained so as to avoid any negative occurrence in the recruitment process and to facilitate the ongoing retention of talented human resources.

❖ **Draft Mentoring and Attachment Policy**

Cognizant of the importance to hone the leadership qualities of its employees, the Ministry of Health views mentorship and strategic attachments as vehicles through which the development of such leaders can occur. This policy moves beyond the traditional view of mentorship. Instead, the Ministry sees mentorship as the sharing of knowledge and expertise, and the provision of opportunities for the mentee to be exposed to a variety of experiences through which they can further hone and develop the desired leadership competencies. This policy provides the framework through which a consistent approach to mentorships and attachments can occur.

A comprehensive plan for the development and compensation of dental nurses needs to be developed. The main output from this would be a transition plan for dental nurses. The following activities have been completed so far:

- ❖ Committee formed and meetings are being held;
- ❖ Job description for dental nurses updated;
- ❖ Career ladder for dental nurses drafted;
- ❖ Training and Development proposal for dental nurses and dental assistants submitted; and
- ❖ Decentralisation of Dental Services proposal is being drafted.

A Strategic Plan for the Nursing Division is proposed to be developed. The following has been completed so far:

- ❖ The First Draft of the plan has been reviewed; and
- ❖ The Action Plan has been reviewed and revised to span a period of five (5) years aligning it with the Business Plan 2009 – 2013 of the Ministry of Health. During the review particular attention was paid to areas of concern stemming from a SWOT Analysis which was completed. A budget for the plan was also prepared.

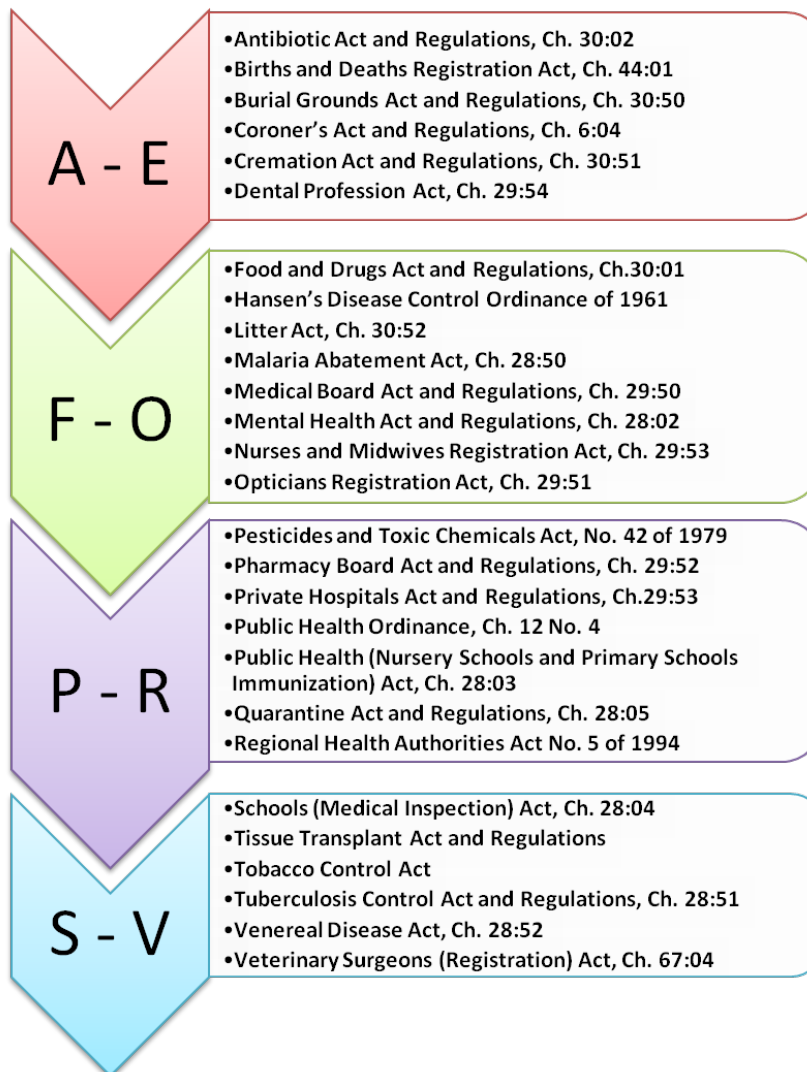
The Unit has engaged in the expansion and re-structuring of the range of health related training delivered by the Trinidad and Tobago Health Training Centre (TTHTC). This project is ongoing.

REGULATION

The regulatory framework within which the health system operates is designed to create an environment to support the achievement of an improved health status of the population of Trinidad and Tobago and to determine and guide how all its institutions and players operate. The Legal Department, the Pharmacy and Drug Inspectorate, the Public Health Inspectorate, the Chemistry Food and Drugs Division, and the Directorate of Health Services Quality Management are all involved in the development, governance, and monitoring of regulations and standards for the protection of the nation's health. Below is the current regulatory environment which governs the Ministry of Health.

Figure 8

The Current Regulatory Environment of the Health Sector



1. LEGAL DEPARTMENT

The key roles and functions of the Legal Department are to:

- ❖ Ensure that the existing health laws in the Republic of Trinidad and Tobago as well as those which are to be drafted are in keeping with the mission statement of the Ministry of Health;
- ❖ Provide legal support for the activities of all other departments of the Ministry of Health and the Regional Health Authorities;
- ❖ Identify the need for regulations and laws which may be necessary for the implementation of programmes; and
- ❖ Engage in a comprehensive review of health legislation and promote and facilitate the drafting or amendment of laws and legislation.

During the period a number of legislation and regulations were either developed or reviewed and amended.

On December 23, 2009 the **Tobacco Control Act** was passed in Parliament and partially proclaimed on February 17, 2010. This Act aims to:

- prevent tobacco use by children;
- regulate tobacco use by individuals;
- enhance public awareness of the hazards of tobacco use and ensure that individuals are provided with information to make more fully informed decisions about using tobacco;
- protect individuals from exposure to tobacco smoke;
- prohibit and restrict promotional practices;
- prevent smuggling of tobacco;
- provide for regulations of tobacco products to mitigate against the harmful effects of tobacco; and
- provide for other related matters.

The ***Retail Tobacco Products packaging and Labelling Regulations*** were drafted and forwarded to the Legislation Review Committee for finalization. These Regulations were drafted to establish legal requirements for the labelling of retail packages of tobacco products with health messages and graphics.

The **Children's Life Fund Act** was prepared, debated and passed by both Houses of Parliament. The Fund is a charity which is to be governed by a corporate body to be known as the Children's Life Fund Authority to facilitate the provision of specialist

medical treatment to children suffering from life threatening illnesses for which the required treatment is unavailable at a local medical institution.

The **Emergency Ambulance Services and Emergency Medical Personnel Bill** was passed in both Houses of Parliament and is awaiting proclamation. The purpose of this Bill is to regulate emergency ambulance services, provide for the registration of emergency medical personnel in Trinidad and Tobago, to provide for the establishment of a National Emergency Ambulance Authority and other related matters.

The **National Ambulance Services and Medical Personnel (Regulations)** were completed and will be forwarded to the Legislation Review Committee in the next fiscal year. These Regulations relate to:

- (i) Procurement;
- (ii) Equipment on Board Unit; and
- (iii) Licensing requirements for service providers.

Both the **Regional Health Authorities (Amendment) Act** and the **Regional Health Authority (Collective Procurement of Goods and Services) Regulations** were redrafted to allow one RHA to procure on behalf of all five RHAs to achieve economies of scale, timely and cost effective procurement of goods and services. They will be forwarded to the Legislation Review Committee in the next fiscal year. These Regulations will provide the guidelines for collective procurement of goods and services.

A first draft of the **National Health Services Accreditation Bill** was prepared and a review commenced.

A fourth and fifth draft of the **Mental Health Regulations** were prepared, a stakeholders meeting was held and a final draft will be made subsequent to a consultancy meeting scheduled for the beginning of the next fiscal year.

A review of the **National Blood Transfusion Bill** was initiated and is ongoing. This Bill seeks to create a modernized legal framework for Blood Banking in Trinidad and Tobago by inter alia, establishing a Statutory Authority which will be responsible for sourcing, storing, transporting and issuing blood and blood products to recipients.

2. PUBLIC HEALTH INSPECTORATE

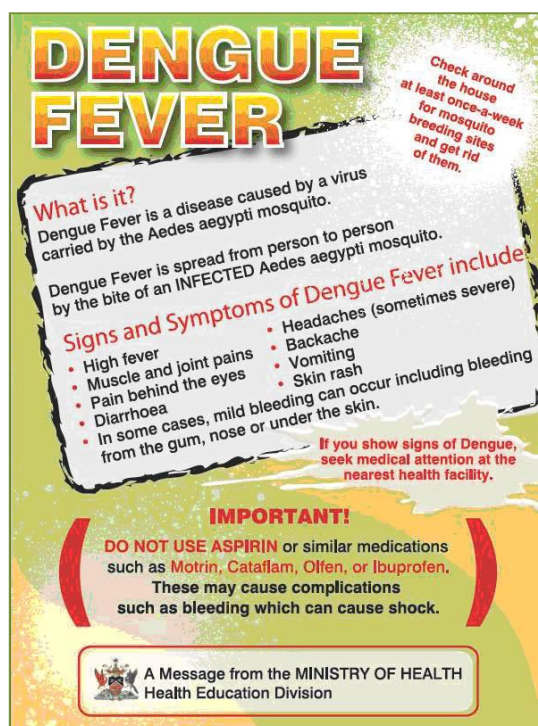
The major function of the Public Health Inspectorate is the enforcement of the Public Health Ordinance Chapter 12:04. As such, the Inspectorate is responsible for monitoring, regulating, improving, maintaining and adequately safeguarding the public's health and the environmental health of Trinidad and Tobago by providing sustained effective public health and environmental health services. The Inspectorate monitors environmental conditions to identify and control risks to human health, wastewater treatment and disposal systems, drainage systems, solid and liquid waste management and disposal systems and investigates public health complaints and abatement of nuisances.

During the fiscal year 2009-2010, there was an increase in the surveillance by the Public Health Inspectorate which aimed at decreasing the incidence of communicable diseases, especially Dengue Fever. There was an increase in the number of house inspections from eighty-four thousand, nine hundred and nineteen (84,919) to one hundred and eight thousand, six hundred and twenty-four (108,624) (approximately 25%).

The number of inspections of public buildings and institutions also increased from two hundred and fifty (250) in 2008-2009 to seven hundred and three (703) in 2009-2010 and inspections of factories and workshops from six hundred and ninety-one (691) to one thousand, four hundred and three (1,403) for the same period.

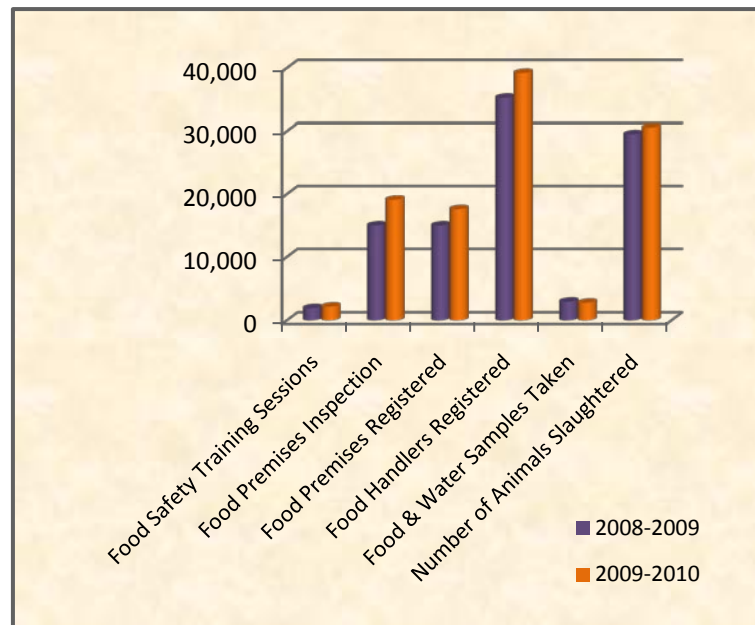
A total of nine hundred and six (906) schools (primary, secondary and tertiary) were inspected and shortcomings were reported to the relevant authorities for corrective action.

There was a reduction in the incidence of food poisoning and food borne diseases as a result of increased monitoring, sampling and education of food handlers and operators of food service establishments. In 2009, two thousand, nine hundred and sixty-eight (2,968) samples (food, water and environmental) were collected and analyzed, with ninety percent (90%) of these samples found to be safe.



The year 2010 saw an increase in the number of Food Handlers' Lectures given, the number of food premises inspected and registered, and the number of food handlers registered as compared to the year 2009.

Figure 9
Summary of Food and Safety Initiatives
in Eight (8) Counties in Trinidad and Tobago



In 2010, the Public Health Inspectorate benefitted from the services offered by the Legal Department of the Ministry of Health, Head Office. Officers were guided in the preparation of Notices to persons who were in breach of the Public Health Legislation.

3. CHEMISTRY FOOD AND DRUGS

The Chemistry Food and Drugs Division (CFDD) seeks to prevent health hazards which may arise from the manufacture, importation, sale and use of food, drugs, medical devices, cosmetics, pesticides and toxic chemicals. CFDD executes its regulatory function through a system of inspection, registration, licensing and laboratory work.

The key roles and functions of the Division are as follows:

- ❖ Administration and enforcement of the Food and Drugs Act (1960) and related regulations;
- ❖ Administration and enforcement of the Pesticides and Toxic Chemicals Act (1979) and related regulations;

- ❖ Operation of analytical laboratory services;
- ❖ Surveillance and monitoring through Inspection services;
- ❖ Provision of analytical and advisory services to Government Ministries, the Private Sector and the General Public;
- ❖ Administration of the Food Advisory and the Drug Advisory Committees and the Pesticides and Toxic Chemicals Control Board;
- ❖ Contact Point for the Codex Alimentarius Commission; and
- ❖ Public Awareness.

Laboratories

- ❖ Analysis of food, drugs, cosmetics, (medical) devices for compliance with the Food and Drugs Act and Regulations to ensure safety, efficacy and fitness for use as intended;
- ❖ Analysis of pesticides and toxic chemicals for compliance with the Pesticides and Toxic Chemicals Act and Regulations; and
- ❖ Analytical and advisory support to the Customs and Excise Division; and
 - Alcohol content of alcoholic beverages to determinate Excise Duty; and
 - Analysis of other imported products to determine customs tariff classification.
- ❖ Analytical and advisory support to the Director of Contracts to determine composition and efficacy to enable objective comparison of products during the tendering process.

Food and Drugs Inspectorate

- ❖ Monitoring of all imports of food, drugs, cosmetics, (medical) devices at all ports of entry;
- ❖ Inspection of all food, drug and cosmetic establishments in Trinidad and Tobago;
- ❖ Inspection of food manufacturing plants, wholesale and retail outlets to ensure proper labelling of products and fitness for human consumption; and
- ❖ Inspection of pharmacies and drug manufacturing plants to ensure compliance to Food and Drugs Act and Regulations.

Registrar of Pesticides and Toxic Chemicals and Pesticides and Toxic Chemicals Inspectorate

- ❖ Registrar serves as Secretary to the Pesticides and Toxic Chemicals Control Board;

- ❖ Registrar maintains a register of pesticides and register of related licences;
- ❖ Licensing of premises for the manufacture, sale, storage and use of pesticides; and
- ❖ Providing Import Licences for pesticides.

The following are the achievements of the CFDD for the fiscal period 2009/2010:

Certificates Issued

One thousand four hundred (1,400) certificates were issued for the fiscal period 2009-2010. Five hundred and ninety (590) were for the purpose of free sale within Trinidad and Tobago, six hundred and fifty one (651) were general health certificates and one hundred and fifty nine (159) were certificates for fish health.

Controlled Drug Licenses Issued

Three hundred (300) controlled drug licenses were issued for the fiscal period 2009-2010.

Samples sent to laboratories

One thousand and thirty-two (1032) samples were sent to the Food Chemistry and Microbiology Laboratories to determine compliance with the Food and Drugs Regulations.

4. DIRECTORATE OF HEALTH SERVICES QUALITY MANAGEMENT

The Ministry's goal is to meet the needs of patients/customers in an effective, efficient manner using methods that are efficacious, safe and comparable with international standards of best practice.

The key roles and functions of the Directorate are to:

- ❖ Develop and initiate strategies to achieve the goals of improving and maintaining the quality of health care and services in Trinidad and Tobago;
- ❖ Create a Culture of Quality throughout the Health Sector;
- ❖ Develop corporate strategies and plans to implement a Continuous Quality Improvement Programme;
- ❖ Create a regulatory framework for Quality Improvement;
- ❖ Develop and revise standards, protocols and procedures for care at health facilities;

- ❖ Review and monitor the institutionalization of the client feedback system to foster evidence-based proactive decision making; and
- ❖ Establish a regulatory framework for improving quality and accountability.

In executing this goal the Directorate of Health Services Quality Management was able to implement the following initiatives which contributed to an improvement in patient safety:

- The **Hand Hygiene Programme** was strengthened by the installation of hand sanitizer dispensers and ongoing staff sensitization sessions. This was part of the 'Clean Care is Safer Care' initiative of WHO which sought to reiterate the importance of hand hygiene in controlling the spread of infections. This programme included all health and administrative facilities;
- A **Patient Fall Prevention Programme** was initiated at all public health facilities with the introduction of grab bars in bathrooms and replacement of beds with non-functional side rails. This initiative seeks to reduce injuries due to falls by patients while under medical care;
- A **Safe Surgery Check List Project** was initiated using a WHO instrument adapted for implementation in Trinidad and Tobago. This project provides doctors with a checklist of things which must be done before, during and after surgical procedures to help ensure patients' safety;
- A Manual for **Neonatal Care** was developed to improve care in the Neonatal units;
- A **Health Care Associated Infection Surveillance System** was introduced and staff trained by PAHO experts from Washington DC. The system was piloted in the Intensive Care Units of the Port of Spain and San Fernando General Hospitals and Eric Williams Medical Sciences Complex and is aimed at reducing the incidence of ventilator associated infections, blood stream infections and urinary tract infections;
- A comprehensive review of the **Infection Prevention and Control Policy** was conducted and was forwarded to the Pan American Health Organization for final editing;
- The **Health Services Accreditation Bill** was drafted and the first draft was reviewed by the Directorate;
- An **Adverse Events Policy** was developed and a stakeholder workshop was conducted to facilitate the finalization of the document; and
- A **Standard Operating Procedures Manual for Obstetric Services** was developed.

The department also collaborated with PAHO to conduct an evaluation of Microbiology laboratories at all public health sector facilities; to develop training material including posters, CDs and DVDs on infection prevention and disposal of bio-hazardous waste and co-hosted a PAHO regional workshop on Quality and Patient Safety to share the Trinidad and Tobago experience.

6th Annual Quality Awards



5. PHARMACY AND DRUG INSPECTORATE

The roles and functions of the Pharmacy and Drug Inspectorate are to:

- ❖ Register antibiotic and narcotic preparations for use by the population;
- ❖ Monitor the importation, distribution and storage of precursor chemicals, antibiotics and narcotics in the country;
- ❖ Inspect public and private pharmacies to ensure compliance with Antibiotic and Dangerous Drug Act and regulations;
- ❖ Monitor the pharmacy practice in all public health institutions for compliance with national policies and the relevant pharmacy laws;
- ❖ Provide reports to the International Narcotic Control Board in accordance with the International Conventions to which Trinidad and Tobago is signatory;
- ❖ Provide secretariat duties to the National Drug Advisory Committee which approved drugs for use in the public health sector; and
- ❖ Formulate national policies to strengthen the development of the pharmacy profession.

Over the fiscal period 2009 -2010 the Drug Inspectorate developed treatment guidelines and estimates of drug usage for Tuberculosis as part of the Ministry's continued effort to ensure the spread of the disease is limited and that drug resistance is kept to a minimum.



MONITORING AND EVALUATION

This function is incorporated into the operations of many of the Departments and Units of the Ministry; however, the **Project Management Unit** has specific responsibility for monitoring the major projects of the Ministry and for developing Project Management Tools which would assist departments in better monitoring and managing their projects and programmes.

1. PROJECT MANAGEMENT UNIT

The primary functions of the Project Management Unit (PMU) are to collate and review all projects, arrange outsourcing of infrastructure project management, recommend projects to be completed within specific timeframes, develop and implement standard project methodologies and maintain a database of all projects undertaken in the Ministry. Key functions of the Unit were to:

- ❖ provide a centralized point of reference for the project management practice within the Ministry of Health;
- ❖ establish an enterprise focused on improvement in the project management capacity;
- ❖ ensure consistency and uniformity in project delivery;
- ❖ reduce project overruns and increase delivery speed of the Ministry's projects; and
- ❖ increase customer satisfaction through achievement of outcomes.

Below is the status of several infrastructural projects managed by the PMU:

- ❖ The Ministry received Cabinet approval for the implementation of the Ministry of Health's 10-year development plan for the construction of five (5) new modern hospitals and the upgrade of other hospitals. Initial meetings and site visits were held with the Ministry of Works and Transport with respect to the start of construction on the Point Fortin Hospital and the new Central Hospital;
- ❖ The Ministry also received Cabinet approval for the implementation of the Primary Health Care Infrastructure Development Programme over a 4-year planning period;
- ❖ Assessments were conducted on the buildings which house the School of Nursing and Midwifery. These buildings were found lacking in basic structural requirements and were in need of refurbishment. To date the nursing Assistant Training Schools is presently being refurbished with negotiations continuing for the same at the other schools;

- ❖ In the National Blood Transfusion Services Unit, the interior and roof of the McDonald Jorsling Building were renovated, increasing donor comfort;
- ❖ The Ministry has received Cabinet approval for the establishment of a Safe Hospital and Programme Committee for the PAHO Safe Hospital Index Study. The Safe Hospital Initiative aimed at improving hospital capacity to remain functional after the impact of a natural hazard and/or in any disaster situation. The Safe Hospital Index is part of that overall Initiative and is a qualitative assessment aimed at gauging potential vulnerabilities and prioritizing remedial (planning and organization, retrofitting, reconstruction, amongst others) actions. Technical meetings were held with the Ministry of Works and Transport with respect to the implementation of the recommendations of the PAHO Safe Hospital Index study on the Port of Spain General Hospital; and
- ❖ Lastly, the Project Management Unit developed and completed three (3) project management templates, the project charter, the project plan and project status reporting. In-house training for staff to use these templates would be undertaken in the next fiscal year.



SERVICE DELIVERY

Public health is concerned with preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society. It is concerned with threats to the overall health of the population. Public health programs can be differentiated from individual or personal health care services in that they deal with preventive rather than curative aspects of health at population-level, rather than individual-level health issues. The delivery of most of the public health population-based programs falls under the direct responsibility of the Directorate of Health Programmes and Technical Support Services. The achievements of these Vertical Services, National and Special Programmes are presented below.

VERTICAL SERVICES

1. DIRECTORATE OF HEALTH PROGRAMMES AND TECHNICAL SUPPORT SERVICES

The Directorate of Health Programmes and Technical Support Services is responsible for providing coordinated support and leadership to the Vertical Services, National and Special Programmes by focusing on effective implementation as well as monitoring and evaluation. The Directorate is responsible for integrating into primary health care all the Vertical Services and Health Programmes.

The key roles and functions of the Directorate are to:

- ❖ Enhance surveillance for communicable as well as chronic non-communicable diseases;
- ❖ Develop, implement, monitor and evaluate National Programmes/Services in the areas of:
 - Communicable diseases;
 - Non-communicable diseases; and
 - Mental Health.
- ❖ Develop new components, provide technical guidance, manage, monitor and evaluate programmes in the areas of:
 - Maternal and child health (MCH), RCH and Expanded Programme for Immunization (EPI);
 - Sexually transmitted diseases (STD) and Human Immunodeficiency Virus (HIV); and
 - Oncology/Cancer Registry

For the fiscal year 2009/2010 the Health Programmes and Technical Support Services Directorate reviewed and updated the country's response to unusual and unexpected cases of Severe Acute Respiratory Infection (SARI). This included the creation of a communication strategy, training for staff in the surveillance of these communicable diseases and the implementation of sentinel surveillance for SARI which includes systematic, ongoing collection and analysis of data from certain sites (e.g. hospitals, health centers, antenatal clinics).



Doctors' Workshop at Mt Hope

In addition the Directorate oversees the Tuberculosis Directly Observed Short-Course (TB-DOTS) program, which has been implemented in St. George East as a pilot and will soon be implemented in the other counties and is expected to aid in detection, treatment and cure of Tuberculosis. In order to provide better control and management of Tuberculosis, two Level I laboratories have been outfitted at Trinidad Public Health Laboratory. Training workshops for laboratory

technicians and health care providers were also completed.

The Directorate also made inroads in promoting Primary Healthcare by revising the Maternal and Child Health Manual making it more relevant to the current situation in Trinidad and Tobago.

2. HEALTH EDUCATION DIVISION

The Health Education Division seeks to empower individuals, families and communities to achieve and maintain optimal health and well-being, through the development of healthy public policy, creation of supportive environments that facilitate living healthy, building of health skills and provision of health information for making informed choices, adopting and maintaining healthy lifestyles, with the full participation of public, private and civil society groups.

The Division works in close collaboration with the Regional Health Authorities (RHAs), other government ministries and agencies such as the Ministries of Education, Sports and Youth Affairs, NADAPP, NGOs like DATT, TTANDi, Cancer Society and regional and international agencies like CFNI, PAHO and UNICEF to guide the development and support the implementation of health education and health promotion strategies which address the priority health issues identified by the Ministry of Health.

The Division also plays a key role in the development of health policies in relation to national health goals or priorities, formulation and adaptation of approaches and strategies addressing these priorities, supporting the implementation of national health promotion strategies and monitoring of outcomes and impact of health education and health promotion initiatives.

It is the main centre for the development and production of health education material for the Ministry of Health and Regional Health Authorities (RHAs) for use in sensitizing and educating the population on health issues.

Health Education and Health Promotion initiatives were implemented using two main approaches: the **population approach** and the **settings approach**, in order to reach a broad cross section of the population and engage them in actions and initiatives aimed at promoting health, preventing or managing disease.

POPULATION APPROACH

Groups targeted included:

Children 0-4 years old: This target group was reached through Antenatal Health and Child Health Programmes which included education on nutrition, immunization and environmental health; the screening and growth monitoring of children; the promotion of breastfeeding, parenting and healthy lifestyles.

School Age Children 5 – 18 years: The areas of focus for this target group was the Promotion of healthy lifestyles; prevention and control of chronic diseases; sexual and reproductive health; mental health; and environmental health

Adults: This target group was exposed to the promotion of healthy lifestyles, prevention and control of chronic diseases; mental health; and environmental health.

Older Persons > 60 years old: The focus of attention for the target group was the promotion of healthy lifestyles, prevention and management of chronic diseases; and environmental health.

SETTINGS APPROACH

Targets were also identified using a settings approach which focused on the “setting” or place where people live, learn, work or play. The four (4) main settings targeted were:

- Schools
- Workplaces
- Communities

HEALTH AND WELLNESS DAY OBSERVANCES

World Health Day – April 7th 2010

World Health Day is celebrated each year on April 7. The theme for 2010 was "**Urbanization and Health**". This was selected in recognition of the effect that urbanization has on our collective health globally and for us all individually.

Events were organized worldwide during the week April 7-11, 2010 with the campaign "1000 cities, 1000 lives". Cities were invited to close a portion of their streets to motor vehicles and open them instead to people, offering citizens a public space for physical exercise, meeting family, friends and community, health checks, eating healthy local food or visiting local attractions.

In Trinidad and Tobago the Ministry of Health in collaboration with the Regional Health Authorities and other partners in health organized a series of activities in commemoration of World Health Day.

The **Eastern Regional Health Authority** conducted the following: a Clean-Up Campaign in the Community of La Tosca; its Annual Aerobic Secondary School Aerobics Competition; a Chronic Disease Support Group Network Fun Activity Day. The "Fun Day" activities took the form of a Sports Day with the usual March Pass and games, but with emphasis on fun and socializing, rather than on competition.

North Central Regional Health Authority conducted a Healthy Communities Caravan at county St George East and the Five Rivers Community Council while the **North West Regional Health Authority** held a Fair at the County Administration of St George Central. The activities on that day included:

- Screening - Blood Pressure; Blood Glucose; Cholesterol and BMI;
- Public Health Inspectorate Booth - Information/displays on Dengue/Yellow Fever, Food Handling, Influenza A H1N1 and Vector Control;
- Nutrition Department - Information on Food portions display, Healthy Eating and Food Groups;
- Health Education Department - Lectures and Health Information on Diabetes, Hypertension, Asthma, Tuberculosis and Men's Health; and
- Rapport - Information on HIV/AIDS, STD's and abstinence, as well as condom usage demonstrations.

The **Tobago Regional Health Authority** held a Health Walk from the Old Market Car Park to Scarborough Esplanade, Milford Road. The walk ended with physical and fun activities at the Scarborough Esplanade.

Caribbean Wellness Day - June 1st, 2010

The School Nutrition Quiz formed a part of the Ministry of Health's strategy to reduce the modifiable risk factors of chronic disease in primary school age children.

The Quiz was developed by the Health Education Division, which worked in collaboration with the Caribbean Food and Nutrition Institute (CFNI), the National Nutrition and Dietary Services Ltd and the Trinidad and Tobago Association of Nutritionists and Dieticians (TTANDI). It was developed as a mechanism to implement the Nutrition and Fitness Module of the Health and Family Life Education (HFLE) Curriculum.

The aim of the quiz was to promote healthy eating practices, healthy weights and active living in school children. The objectives were to build the capacity of children to make healthy food choices and to build an understanding between health and nutrition.

One hundred and four (104) schools and four hundred and sixteen (416) Standard Three students from each Education District participated in the Competition.

The Success R.C. Primary School emerged the winner of the competition with Rio Claro Hindu S.D.M.S. and San Fernando ASJA taking the second and third places respectively.

Caribbean Wellness Day Campaign

The theme for Caribbean Wellness Day (CWD) 2010 was, ***“Love that Body...Move that Body”***. The objectives were to develop and implement:

- a series of on-going population based activities to promote healthy living for the prevention and control of CNCDS, population based screening for risk factors of CNCDS using a settings approach (workplace, schools, community);
- Population based physical activity initiatives including mass physical activity programs such as *“Streets for Wellness”*;
- Healthy nutrition initiatives implemented using a settings approach; and
- Workplace Health Promotion initiatives to build skills and supportive environment for health promoting practices

The planned activities/initiatives for CWD were sustained throughout the year in an effort to reduce the modifiable risk factors of CNCDS.

Outlined below are some of the Country Wide Caribbean Wellness Day Initiatives for 2010:

1. Activities which focused on bringing preventive health services and demonstrations of behavior to promote health and wellness, to the public. There was good intersectoral collaboration and participation by public and private sector agencies including: Ministry of Agriculture, Civil Society Network Poverty Reduction Unit, Social Welfare Division, Community Development, Fire Services, Diabetic Association and Family Planning;
2. The implementation of “Streets for Wellness” in Valencia which was a joint effort of the Valencia Wellness Management Committee and the Valencia Health Centre Staff. Activities included an aerobic competition, a Hula Hoop competition, a skipping competition, hop scotch, moral, marble pitch, a self defence class, a football competition and rounders;
3. The establishment of Walking Clubs - Community/Religious groups were invited to take part in the Healthy Active (H.E.A.L.) Challenge. The aim of the Challenge was to encourage healthy lifestyles, as such, nutrition assessments were conducted every three (3) months and the person with the most improvement was rewarded;
4. Workplace Health Promotion Program - North West Regional Health Authority’s Staff Health initiative included exercise sessions three (3) days a week at lunch time and before work; a Bi-monthly Staff Health Clinic and Nutrition Education;
5. Eat Right Early Childhood Healthy Eating Campaign - This campaign promoted the development of healthy eating habits by children attending Early Childhood Centers in selected RHAs with Parents, Teachers and Caregivers as the primary target and children as the secondary target.

HEALTHY COMMUNITIES CARAVAN

The vision of the Healthy Communities Caravan initiative was to ‘Increase access to health services and create supportive environments that empower people and communities to achieve optimal well-being, through community led action to identify and develop initiatives that address their local health needs.’

The objectives of the Healthy Communities Caravan were:

- To help empower people and communities to achieve optimal well-being, through their full participation in community led action;
- To bring health services and programs targeting the well population closer to the community to increase access to health promotion and education; and
- To identify and develop initiatives which contribute to health and development, working in partnership with other stakeholders.

These Healthy Communities Caravans were conducted by the RHAs at various locations throughout the country and included, among others, hand washing

demonstrations, nutrition and oral health education. These caravans were well received by the residents of these areas.

DENGUE PUBLIC EDUCATION PLAN

The objectives of the Dengue Public Education Plan were:

- To sensitize the population about signs and symptoms of Dengue Fever; reinforcing the importance of people seeking medical attention if they have dengue symptoms or warning signs; and how to reduce symptoms of dengue at home;
- To update health professionals on current guidelines for managing dengue fever; and
- To sensitize and build skills of householders, family members and proprietors to reduce mosquito breeding sites in and around their homes/premises.

Achievements of the Plan were as follows:

- Developed, produced and distributed Dengue Health Education Material on Frequently Asked Questions, Home Care guidelines, and Signs and Symptoms.
- Implementation of a Dengue Media campaign which utilized radio, television and newspaper ads as well as television interviews;
- Development and circulation of WHO Dengue Diagnosis, Treatment and Control Guidelines and Summary MoH Guidelines Dengue Management and Treatment to Hospital Medical Directors, County Medical Officers of Health, Directors of Health, and CEOs of RHAs;
- Development of Dengue Management Pocket Reference.

Health Education Activities



Wellness Fest and 5K



Caribbean Wellness Day Programme



Wellness Fest and 5K



Partners Forum on Chronic Disease



Wellness Fest and 5K



Health Caravan Food Demonstration

3. HIV/AIDS COORDINATING UNIT

The HIV/AIDS Coordinating Unit is responsible for the monitoring and evaluation of the Health Sector's HIV/AIDS plan. It also provides a strategic framework, policy guidelines and protocols to improve the health status and delivery of health care to HIV/AIDS patients, as well as, an ongoing partnership with the RHAs, NGOs and civil society. The Unit realized its *Vision* of leading the Ministry's response in reducing the incidence of HIV infections in Trinidad and Tobago and in mitigating the impact of HIV/AIDS in persons infected and affected in Trinidad and Tobago by employing a number of strategies.

For the period under review the achievements of the unit can be categorized under the following headings:

CLINICAL PROGRAMMES

Anti-retroviral Treatment Programme

Anti-retroviral treatment was offered at a number of public health facilities to persons infected with HIV/AIDS, inclusive of children, with the ultimate goal of reducing morbidity and mortality.

In cases where pregnant women are HIV positive, anti-retroviral treatment prevents transmission of HIV from mother to child and once administered to victims of sexual abuse within 72 hours of an assault, prevents transmission of HIV and other STI's. It is also used to prevent HIV infection in cases of occupation exposure to HIV.

HIV Testing

Same Visit HIV testing was undertaken at thirty (30) sites with activities at three (3) of these sites undertaken in collaboration with the Family Planning Association of Trinidad & Tobago and at one (1) site with the University of the West Indies, St Augustine Campus. The number of persons tested at the same visit testing sites during this period was twenty-five thousand, eight hundred and seventy (25,870) (includes QPCC&C same visit data) with three hundred and ten (310) positive cases. The Positivity Rate was 1.2%. *Table 2* below shows comparative data for the years 2008-2010 of testing volumes and



NOW! There is no reason to be unaware of your HIV status.

National HIV Testing Day

Friday December 4 2009

GET TESTED AND BE SURE

For further details call the National AIDS Hotline @ 800-4HIV or your nearest Health Centre, County Medical Office or Regional Health Authority.

MINISTRY OF HEALTH
HIV and AIDS Coordinating Unit

National HIV Same Day Testing Sites

- Arima District Health Facility**
Queen Mary Avenue, Arima
Tel: 667-2276
- Banaria Wellness Centre**
135 Eastern Main Road, Banaria
Tel: 638-8562
- Carriacou Health Centre**
Constabulary Street, Carriacou
Tel: 632-1860
- Chaguamas Health Facility**
Chaguamas Main Road, Chaguamas
Tel: 672-1517
- George Street Health Centre**
George Street, Port-of-Spain
Tel: 623-5155
- Indian Walk Health Centre**
Perrin Cafe, Monaga - Tel: 655-2476
- La Brea Health Centre**
New Lands, La Brea - Tel: 648-7562
- Low Cost Supermarket***
#300 Southern Main Road, Cuncupia
- Narabollia Health Centre**
Market Street, Narabollia
Tel: 658-0470
- Narawal Health Centre**
Saddle Road, Narawal - Tel: 629-2043
- Mayaro District Health Facility**
Pleinsville, Mayaro - Tel: 630-1258/9
- Oxford Street Health Centre**
Corner Oxford and Observatory Streets
Tel: 623-6741
- Petit Valley Health Centre**
Simson Road, Petit Valley
Tel: 637-3284
- QPCC&C**
St. Quenser's Park East, Port-of-Spain
Tel: 625-2944/2117
- Rio Claro Health Centre**
Cor. De Verreuil and Dougden Streets,
Rio Claro - Tel: 644-2236
- Sangre Grande Health Centre**
Henderson Street, Sangre Grande
Tel: 668-2509
- Siparia Grounds Lions' Club***
High Street Siparia
- Tacarigua Health Centre**
El Dorado Road, Tacarigua
Tel: 662-4819
- Toco Health Centre**
Paria Main Road, Toco - Tel: 670-8277
- Valencia Health Centre**
Alexander Street, Valencia
Tel: 667-8197
- Woodbrook Health Centre**
Tragarete Road, Woodbrook
Tel: 622-2545

*NB: For December 4, 2009 only as a temporary site.

HIV prevalence disaggregated by outreach sessions, same day testing sites, and the Queens Park Counselling Centre and Clinic (QPCC&C).

Table 2
Yearly Summaries of HIV Testing and Counselling

2010 (up to September)	No. Tested	No. +ve	% +ve
Total Tested during 33 Outreach sessions	705	4	0.6
No. Tested at HIV Same Visit Testing Sites	10684	137	1.3
Queen's Park Counselling Centre & Clinic (Rapid Tests)	4299	103	2.4
PMTCT - No. 1st tested this pregnancy	10182	66	0.65
Total	25870	310	1.2
2009	No. Tested	No. +ve	% +ve
Total Tested during 17 Outreach sessions	670	-	0.0
No. Tested at HIV Same Visit Testing Sites	11163	168	1.5
Queen's Park Counselling Centre & Clinic (Rapid Tests)	4204	129	3.1
PMTCT - No. 1st tested this pregnancy	12325	80	0.65
Total	28362	377	1.3
Source: HIV Same Visit Site Programmatic Reports 2009			
2008	No. Tested	No. +ve	% +ve
Total tested during 48 Outreach Sessions	1696	5	0.29
No. Tested at Same Visit Sites	8595	164	1.9
Queen's Park Counselling Centre & Clinic (Rapid Tests)	1651	73	4.4
PMTCT - No. 1st tested this pregnancy*	15625	123	0.79
Total	27567	365	1.3
* +ve cases don't include 94 women previously tested			

Prevention of Mother to Child Transmission Programme

The Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS Programme continued to be coordinated by the Ministry and delivered by the RHAs. The aim of this programme is to reduce the transmission of HIV to babies born to HIV positive mothers. The programme entails voluntary HIV/AIDS testing and counseling for pregnant women who seek antenatal care at public sector health facilities and includes anti-retroviral treatment, follow-up care for infants, mothers and family members including partner testing.

Mothers enrolled in the programme benefited from counseling and support in appropriate infant feeding practices and the supply of nutritional replacement formula for their babies for a period of twelve (12) months.

Table 3 below shows that there was a 93.6% acceptance rate of HIV testing by all pregnant mothers attending the Antenatal Clinics (ANCs) in the public sector. For 2010, women tested for the first time during their pregnancy numbered ten thousand, one hundred and eighty-two (10,182) while the total number of new clinic attendees was ten thousand, eight hundred and seventy-five (10,875).

Table 3
Pregnant Women Tested for HIV from 2008 – 2010

INDICATORS	2008	2009	2010
Total number of new attendees	15963	12729	10875
Total number of new attendees pre-test counseled			
Total number of women accepting testing who were pre-test counseled	15625	12325	10182
Percentage of pregnant women tested for HIV in the last 12 months	97.9%	96.8%	93.6%

Source: PMTCT County Annual Reports

Data for Trinidad & Tobago

Data for 2010 available up to September 2010

Data represent the public sector only

At June 2010, of the 64 live births, 55 infants were tested. Forty eight (48) of these infants were tested by Dried Blood Spot (DBS) Method with 9 infants determined to be positive (exposed infants are being diagnosed as early as six weeks using the DBS method, which is a method of screening for HIV infection and other conditions using DNA amplification). The other seven (7) infants were tested for HIV via the Enzyme-Linked Immunosorbent Assay (ELISA) method with nil positive. ELISA is a biochemical technique to detect the presence of an antibody or an antigen in a sample.

HIV/AIDS Education/Promotion

Barbershop Initiative

Carnival 2010 saw the launch of the RapPort Barbershop initiative. This involved conducting “edulime” sessions on Sexual Reproductive Health with the patrons and staff of selected barbershops. These informal talk sessions involved the RapPort peer educator playing the role of information-giver, contributing whatever facts or statistics they had on the topic being discussed. Contact was made with three (3) Barber shops in Chaguanas and one (1) in Trincity. Condoms and relevant educational material

(pamphlets, DVDs etc) were distributed to the 4 barbershops. Owners and customers responded positively to this initiative and it is ongoing.

The RapPort Initiative

RapPort is a Youth Information Centre and Community Outreach Project based within the North West and North Central RHAs which continued to promote healthy lifestyles among adolescents and young adults by creating a supportive environment which engendered information flow, education, communication, counseling and referral services.

A peer education approach was used to teach sexual and reproductive health and related youth issues. The style of delivery of messages included drama, lectures, demonstrations and interactive discussions. Programmes were designed for youth in and out of school and were done in a collaborative manner with organizations which made requests.

This on-going programme empowered youth with accurate, relevant information to enable them to make informed choices; increased awareness of sexual risks; increased knowledge about safer sexual practices; and provided the skills for negotiating safer sexual relationships.

RAP-Programme

This annual programme, held in collaboration with the Ministry of Education, is based on the Human & Family Life Education (HFLE) Curriculum and is geared towards Post S.E.A. students and their parents. During the reporting period, focus was placed on completing the entire course of the programme in schools not previously reached by the RapPort. A total of three hundred and twenty-one (321) students was reached through the programme and sixty-one (61) parents were present for the sensitization session prior to the work done with the students.

PEPFAR

In June 2010, the Ministry of Health signed a partnership agreement with the United States under the United States President's Emergency Plan for AIDS Relief Programme (PEPFAR) for funding to assist with reducing the HIV/AIDS prevalence in Trinidad and Tobago. The PEPFAR partnership agreement between the United States Embassy and the Government of Trinidad and Tobago extends for five years. The main strategies that this agreement will fund are:

1. Prevention

Activities which will contribute to the achievement of the ***Caribbean Regional Strategic Framework's*** goal of reducing the estimated number of newly diagnosed HIV infections in Trinidad and Tobago by 25% by 2013.

2. Strategic Information

The strengthening of national capacity to produce and utilize quality, timely HIV/AIDS data to better characterize the epidemic and to support evidence-based decision making for improved policies, programmes and health services. This is expected to contribute to a sustainable, robust information system. Such a system will be well supported by sustainable, motivated human resources and up to date technical equipment and data gathering processes.

3. Laboratory Strengthening

Activities to increase the capacity of the Government of Trinidad and Tobago to improve the quality and availability of laboratory diagnostic services for HIV/AIDS in the public sector. This will increase universal access to a highly reputable and accredited laboratory service which will serve as a support to, and positively impact upon the delivery of HIV Prevention, Treatment and Care programmes; as well as improve the mortality and morbidity status of persons living with HIV and those at high risk of the disease.



4. POPULATION PROGRAMME UNIT

The Population Programme Unit (PPU) is responsible for the delivery of quality comprehensive Sexual and Reproductive Health (SRH) services to all citizens throughout Trinidad and Tobago in order to ensure the enjoyment of a safe and healthy sexual lifestyle.

Under this programme a Sexual and Reproductive Health Technical Working Group was established and a National SRH Policy and Service Guidelines was developed for the delivery of SRH services.

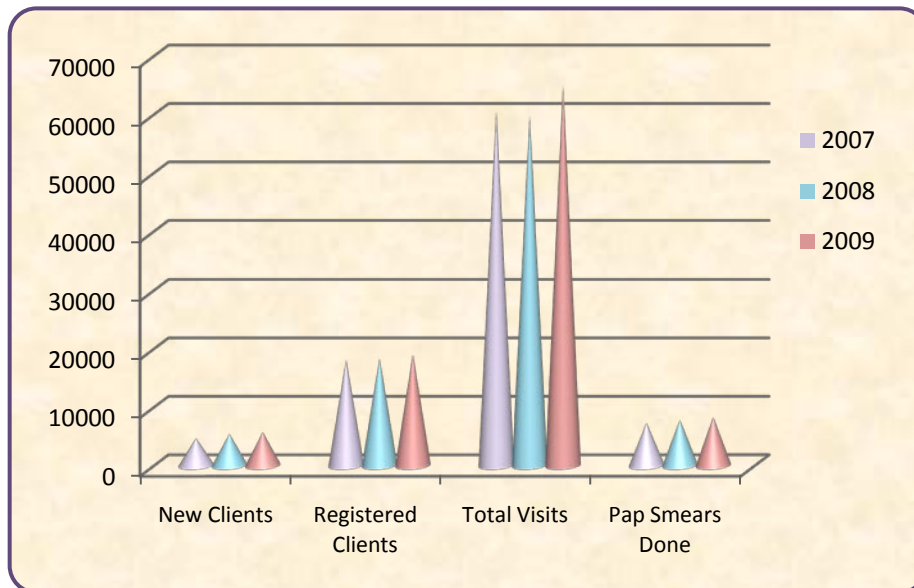
The Action Plan for the Unit's National Condom Strategy which was developed to improve the availability and accessibility of condoms in the public sector clinics was ratified by the Condom Management Committee in July 2010.

The PPU supported the delivery of the following health promotion activities:

- **World Contraception Day:** This day is observed annually on September 26th globally and is used to raise awareness of the need for contraception and improvement in education with regard to SRH;
- **Freshers Orientation Week:** A week long orientation activity conducted at the University of the West Indies, St Augustine in collaboration with the Health Services Unit. The theme focused on promotion of preventive healthcare and practices of safe and responsible behaviour;
- **World AIDS Day:** An annual and internationally commemorative day which focuses on awareness, testing, education on modes of transmission and preventive strategies. The event was hosted by the HIV/AIDS Coordinating Unit and the PPU gave its support by supplying and coordinating the distribution of male and female condoms; and
- **Health Fairs:** The Unit received numerous requests from various organizations such as, Churches, Financial Institutions and Regional Health Authorities, to provide manpower, commodities and brochures.

During the calendar year 2009, there were five thousand, six hundred and six (5,606) new clients with a total number of registered clients attending SRH clinics of nineteen thousand and thirty-one (19,031) and total visits to SRH clinics at sixty-four thousand, nine hundred and nineteen (64,919). The total number of pap smears done was eight thousand, two hundred and sixty-seven (8,267). As can be seen in the diagram below, over the last three years there has been a continued demand for the services provided by the PPU.

Figure 10
Client Utilization Information



The United Nations Family Planning Association and PAHO/WHO continued collaborating with the Ministry of Health to build capacity among health care providers. This was achieved through technical and financial support offered to the PPU. A number of national and sectoral education and training programmes were implemented and included:

- A workshop for Sessional Clerks from the PPU and Stores Clerks from various Ministries which introduced participants to the **“CHANNEL Inventory Management Programme”** which is software programme regarding the uses of effective commodity stock management;
- The **“Comprehensive Condom Programme – a Sensitization for Programme Managers – Training Trainers”** workshop which provided social marketing strategies for promotions and distribution of male and female condoms. Participants comprised District Health Visitors, representatives from National Security and Non-Governmental Organizations; and
- the training of 2 Sessional Nurses in HIV Rapid Testing in preparation for the integration of SRH and Sexually Transmitted Infections services into Primary Health Care.

One communication strategy used to sensitize the public about relevant information with featured topics such as “Menopause” and “Andropause”, was the medium of annual calendars and bookmarkers which were printed and distributed to all sectors including government Ministries, Non-Governmental Organizations and the Female Prison. Bookmarkers were also given to clients during consultation at health facilities.

5. EXPANDED PROGRAMME ON IMMUNIZATION

The Expanded Programme on Immunization (EPI Unit) was incorporated within the Ministry of Health in 1978. The *vision* of the programme is to contribute to the overall health of the population by immunizing all citizens against vaccine preventable diseases. The *mission* of the Unit is to eradicate or reduce diseases to the lowest levels possible, through sustained immunization of all susceptible, as an essential component of Primary Health Care.

The EPI Unit is responsible for the procurement and distribution of high quality vaccines and vaccine supplies, conducting audit and evaluation exercises periodically at all areas where vaccines are given such as health centres, county offices, hospitals and private practitioners.

The following table shows the types of vaccines purchased and distributed by the EPI Unit and the related expenditure for 2010.

Table 4
Vaccines ad Associated Expenditure

Vaccines	Expenditure in US\$
DPT (diphtheria, pertussis) and tetanus	2,726.00
H1N1	600,000.00
Hepatitis B	3499.00
HIB (Haemophilus influenza)	801.00
IPV (Inactivated Polio Vaccine)	1,850.00
MMR (measles, mumps and rubella)	13,935.00
Meningococcal	14,892.00
Pentavalent	134,852.00
Pneumococcal Adult	22,732.00
Prevenar	129,285.00
Polio Oral	6,802.00
Rabies Human	6,247.00
Tetanus	1,099.00
Yellow Fever	1,866.00
TOTAL	\$940,586.00

The EPI Unit added Pneumococcal 7-Valet Conjugate (Prevenar) Vaccine to its list of free vaccinations in the period under review. PREVENAR provides protection from Pneumococcal infections due to the bacteria that is the most common cause of bacterial pneumonia (lung infection), bacterial meningitis (infection of the lining of the brain and spinal cord), Septicemia/Bacteremia (blood infection) in children from two

months of age, and Sinusitis (infection of the sinuses). This vaccination is currently being given to high risk groups only.

The EPI Unit conducted seminar updates in Immunization for health professionals and was able to immunize approximately eight hundred (800) persons during “*Immunization in the Americas Week*”.



A H1N1 Vaccines



**Training Workshop
on A H1N1**



**Immunization Week
Brian Lara Promenade**

6. DENTAL SERVICES

The Dental Services Unit is charged with the responsibility of ensuring the provision of oral health care services at various health centres throughout the length and breadth of Trinidad.

The key roles and functions of the Unit are to:

- ❖ provide a quality oral health care service that is relevant to the needs of the entire population of Trinidad and Tobago in an acceptable, equitable, sustainable and cost-effective manner;
- ❖ promote the availability of oral health services that are directed towards disease prevention and health promotion and ensure its integration into the primary health care model;
- ❖ improve access to oral health facilities for all members of society, particularly the most vulnerable members of society – the young, the elderly, the disabled; and
- ❖ develop oral health personnel capacity to meet the primary, secondary and tertiary prevention needs of the population.

Table 5**Services Provided to the Public**

ACTIVITY	AGE GROUP	REGIONAL HEALTH AUTHORITIES				
		NWRHA	NCRHA	SWRHA	ERHA	TOTAL
ATTENDANCE	0-11	10830	11561	12808	10151	45350
	12-19	942	895	872	1047	3756
	20+	7675	5044	7342	3932	23993
DENTAL PROPHYLAXIS AND SCALING	0-11	6065	6756	6422	5163	24406
	12-19	40	72	-	107	219
	20+	28	201	-	13	242
FLUORIDE TREATMENTS	0-11	2339	6772	1984	2715	13810
	12-19	-	-	-	45	45
	20+	-	2	-	3	5
PIT & FISSURE SEALANTS	0-11	62	20	44	297	423
	12-19	21	-	-	-	21
	20+	7	-	-	-	7
DENTAL HEALTH EDUCATION	0-11	851	598	784	1034	3267
	12-19	9	-	72	103	121
	20+	7	742	1728	268	2745

Oral health care at health centres is provided by dentists and dental nurses employed in the public sector. *Table 5* above shows the oral health services which were provided to the population accessing oral health care in the public sector for the fiscal year 2009-2010 in the various Regional Health Authorities.

Dental Health Promotion and Health Education

An oral health promotion campaign was carried out in the month of October 2009, in collaboration with Colgate-Palmolive as part of the Ministry of Health's and Colgate's joint partnership in the '*Bright Smiles, Bright Futures*' programme.

The campaign was a success as a wide cross section of the population was accessed through health fairs, demonstrations and school programmes which allowed for oral health education and in some instances screening of school children in the school environment and their referral to health centres for follow up care where necessary.

The number of persons who received oral health education in the various Regional Health Authorities is detailed in *Table 6* and the number of schoolchildren who received dental screening and were in need of urgent care is detailed in *Table 7*.

The provision of oral health education and screening of Secondary school students by dentists employed by the Ministry of Health on the school premises represented the first exercise of its kind, in which the dentists actively participated in an oral health outreach programme of this nature. This venture was welcomed by both the Secondary school students and the schools' administrators who viewed this exercise as much needed. The need to further expand this programme is reinforced by the data which showed that about one-fifth of all Secondary school students screened were in need of urgent oral health care.

Table 6

Number of Persons who Received Oral Health Education

ACTIVITY	AGE GROUP	REGIONAL HEALTH AUTHORITIES				
		NWRHA	NCRHA	SWRHA	ERHA	TOTAL
ORAL HEALTH EDUCATION	5-11	876	2546	1006	1935	6363
	12-19	82	63	56	70	271
	20+	-	-	425	76	501

Table 7

Number of School Children who Received Dental Screening and Required Urgent Dental Care

ACTIVITY	AGE GROUP	REGIONAL HEALTH AUTHORITIES				
		NWRHA	NCRHA	SWRHA	ERHA	TOTAL
DENTAL SCREENING	5-11	176	463	579	324	1542
	12-19	82	63	56	61	262
NO OF SCREENED CHILDREN WHO REQUIRED URGENT CARE	5-11	29	76	71	113	289
	12-19	13	0	18	20	51

7. NATIONAL BLOOD TRANSFUSION UNIT

The National Blood Transfusion Unit is responsible for the adequate provision of safe blood components on the sole basis of clinical need, obtained totally from voluntary blood donors. The Unit comprises centres at six (6) locations: Central Laboratory, Charlotte Street, Port of Spain; Eric Williams Medical Sciences Complex (EWMSC); Sangre Grande County Hospital; Scarborough Regional Hospital; San Fernando General Hospital; and Point Fortin Area Hospital. All six (6) are collection centres

where members of the public donate blood, while the processing of donated blood into its components (red cells, platelets, plasma and cryoprecipitate) is done at the Central Laboratory and EWMSC locations only.

From these centres, blood or its components are distributed for use by both public and private health institutions throughout the country. All blood donations throughout the country are screened for infections which may be transmitted by transfusion, such as, HIV (causes AIDS), Hepatitis B and C (cause liver disease), HTLV1 (causes cancer or paralysis), syphilis, and Chagas ' disease (a South American tick-borne infection). For quality control, this screening is performed centrally at the Central Laboratory. The centre participates in an international External Quality Assessment Scheme to monitor the accuracy of its results.

One strategy for increasing blood donation was to give greater access to the public to give blood and this was done by extending the days of operation to include Saturdays from 8:00 am to 12:00 pm. In addition, a twenty-four (24) hour on call system is now provided by the Medical Laboratory Technologists at the Central Laboratory at 160 Charlotte Street, Port of Spain. This has made blood and blood components available to patients in public and private health institutions seven days a week.

In addition, two (2) additional phone lines and four (4) extensions were provided to improve internal and external communication and the guard hut outside the McDonald Jorsling Building, 160 Charlotte Street, Port of Spain, was replaced by 24 hour security which is being provided by the Ministry of Health Security Department.

Another strategy which the Unit employed was the 'Walk for Voluntary Blood Donation' which had the largest turnout to date. This event was held on June 14th, 2010 and the Ministry was honoured to have His Excellency Professor George Maxwell Richards in attendance.

These and other initiatives have resulted in an increase in annual blood donations by 16% from 19,606 units of blood in 2006 to 22,775 units of blood in 2009.



Walk for Voluntary Blood Donation 2010



8. HANSEN'S DISEASE CONTROL UNIT

The mission of the Hansen's Disease Control Unit is:

- ❖ Early diagnosis and treatment of Hansen's disease so as to break the cycle of transmission;
- ❖ Early recognition and proper management of the complications of Hansen's disease to prevent the onset of disabilities; and
- ❖ Surveillance of patients and their contacts.

Assiduous work throughout the fiscal period 2009-2010 was responsible for the achievements of the Unit which are listed below:

1. Joint Hansen's Disease/Dermatology Clinics were held bi-monthly at Arima Health Facility, Chaguanas Health Centre, George Street Health Centre, San Fernando General Hospital (Ward 17), Sangre Grande Health Centre and St Joseph Health Centre. Between October 2009 and September 2010, there were two thousand, five hundred and four (2504) visits by non-Hansen's patients (patients with dermatological conditions but who do not have Hansen's disease), 360 visits by Hansen's patients, 182 by patients released from treatment, 34 contacts and 12 suspects.
2. For World Leprosy Day, leaflets and pamphlets were distributed at the different health offices, both to Hansen's and non-Hansen's patients. This was to enhance the public's awareness of Hansen's disease.
3. Student Nurses from the different health offices were given lectures and first hand demonstrations of the different type of Hansen's and non-Hansen's patients to enhance their knowledge in this area.

Leprosy is a chronic infectious disease caused by *Mycobacterium leprae*, an acid-fast, rod-shaped bacillus. The disease mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract and also the eyes, apart from some other structures. Leprosy can be classified on the basis of clinical manifestations and skin smear results. In the classification based on skin smears, patients showing negative smears at all sites are grouped as *paucibacillary leprosy* (PB), while those showing positive smears at any site are grouped as having *multibacillary leprosy* (MB).

The following represent new patients seen by type:

Table 8

**Patients on the Treatment Register for Hansen's disease
from October 2009 to September 2010 by Clinic, Type and Gender**

CLINIC	PAUCIBACILLARY		MULTIBACILLARY		TOTAL
	MALE	FEMALE	MALE	FEMALE	
ARIMA	1	4	6	8	19
CHAGUANAS	0	1	2	1	4
GEORGE STREET	0	0	4	0	4
SAN FERNANDO	1	0	4	5	10
SANGRE GRANDE	2	2	3	0	7
ST. JOSEPH	5	3	7	4	19
TOBAGO	0	0	0	0	0
TOTAL	9	10	26	18	63

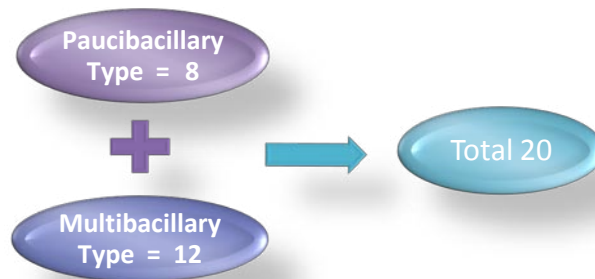
Table 9

New Patients by Type, Gender and Age Group For Hansen's Disease

Type	Male	Female	0 - 14 Age Group	15 + Age Group	Total
Paucibacillary	4	11	3	12	15
Multibacillary	6	5	1	10	11
Total			4	22	26

Figure 11

**Hansen's Disease Patients
Released from Treatment
from October 2009 to September 2010**



Paucibacillary patients are treated monthly by WHO Multiple Drug Therapy for six (6) months and twenty-four (24) months for the multibacillary type.

At the end of the prescribed number of months for multiple drug therapy, patients are released from treatment and advised to return for a medical review every six (6) months for three (3) years for the paucibacillary type and five (5) years for the multibacillary type.

Figure 12

**Hansen's Disease Patients
Completing Surveillance Period
and Discharged from Clinic**



9. TRINIDAD PUBLIC HEALTH LABORATORY

The Trinidad Public Health Laboratory protects the health of the public and improves the prevention, control and treatment of communicable diseases by conducting microbiological assays (tests) on clinical specimens received from hospitals, health clinics and private medical practitioners, as well as on food and water specimens from restaurants and other institutions.

The Trinidad Public Health Laboratory introduced several testing services which are offered by CAREC. These new services are:

1. Dengue fever testing;
2. HIV confirmation;
3. Hepatitis B and C testing and confirmation;
4. Epstein Barr Virus (EBV) testing;
5. Leptospirosis testing;
6. Human T-Cell Lymphotropic Virus (HTLV) 1 and 2 testing; and
7. Influenza testing.

The activities to achieve this included the creation of additional workstations, the training of staff and the purchase of testing kits. This venture was successfully achieved.

The Laboratory acquisitioned two (2) fully automated ELISA (Enzyme-Linked Immunosorbent Assay) machines each capable of performing 4 tests simultaneously. This will reduce the turnaround time for processing specimens and improve the delivery of services to the nation.

Table 10
Number of Specimens Received
for the years 2006-2009 by type

Year	Bacteriology	Tuberculosis	Virology	Food	Water
2006	2096	5778	16469	1737	1259
2007	1844	5545	17014	2929	1344
2008	1302	5181	16905	1601	1049
2009	729	1799	16693	2888	1752

The Unit successfully refurbished two (2) abandoned store rooms to create an additional laboratory and an enlarged Sterilization/Decontamination department.

10. INSECT VECTOR CONTROL DIVISION

The mission of the Insect Vector Control Division is to provide a service for the protection of the nation’s health from vector borne diseases through the application of safe, effective and economical integration of all appropriate and sustainable vector control measures, which are acceptable to the people of Trinidad and Tobago.



There are several diseases which can be transmitted by insects or other organisms in Trinidad and Tobago which are potentially hazardous to the health of citizens. Some of these diseases include dengue fever, malaria, yellow fever, the West Nile virus, and hairy-moth infestation (which cause allergic skin reactions and respiratory ailments). Insects, animals or other organisms which are capable of spreading disease to humans are called vectors. The Insect Vector Control Unit of the Ministry of Health monitors and controls these insect and organism vectors. This is done through the implementation of:

- ❖ national surveillance and control programmes for Malaria, Yellow Fever, Hylesia Metabus;
- ❖ an aedes aegypti and aedes albopictus eradication programme;
- ❖ a pest control programme in government institutions; and
- ❖ post flooding management.

The Insect Vector Control Unit has divided the country into sections which are further subdivided geographically into zones, with each zone usually worked three to four times per year. For fiscal year 2009-2010, one million, three hundred and thirty-one thousand, six hundred and seventy-one (**1,331,671**) routine process of houses to house inspections were carried out (*Perifocal*) as can be seen in *Table 11*, which gives a summary of the activities of the Unit during the reporting period.

Table 11
Insect Vector Control Division
Summary of Work Done 2009/2010

October 2009/September 2010		
Zones	Existing	660
	Inspected	2179
Houses	Existing	382,393
	Perifocal	1,331,671
	Types of Spraying:	
	Dynafog	103,314
	ULV	676,176
	Residual	25,251
Dengue Fever	Reported	4,417
	Investigated	3,670
Government Institutions	Existing	Variable
	Inspected	530
Tyre Shops	Existing	272
	Inspected	1,648
Notices	Served	139
Lectures	Given	928

11. VETERINARY PUBLIC HEALTH

The objective of the Veterinary Public Health Unit is to protect and advance human health through the application of veterinary knowledge and skills.

Inspection

The main strategic goal of the Unit is the administration of a comprehensive meat, poultry, and seafood inspection programme, the components being:

- ❖ Enactment of legislation regulating all aspects of the slaughter and processing of animals intended for human consumption;
- ❖ Inspection ante mortem, post mortem, and at further processing of all establishments handling foods of animal origin; and
- ❖ Assurance that foods of animal origin offered for public consumption are free of drug residues.

In effecting this strategy, inspections were carried out at:

Poultry Processing Plants - Four major plants were monitored daily;

Further Processing (hams, sausages, etc.) - Seven further processing establishments inclusive of premises and product; and

Sea Food Processors - One (1) fish processor in Tobago was inspected and certified for export. This was a joint effort with the Ministry of Food Production and Marine Affairs, as required by importing countries. Products from three (3) fish processors in Trinidad were also inspected.

Surveillance

The process of Epidemiological investigations, surveillance, and control of zoonotic diseases led national surveillance in the following areas:

Yellow fever - Viral testing and other routine monitoring of indigenous red howler and capuchin monkeys, were done in collaboration with the Insect Vector Division.

Bovine Tuberculosis - Monitoring of bovine tuberculosis was done in collaboration with the Ministry of Food Production and Marine Affairs.

Paralytic Rabies - Monitoring of paralytic rabies was carried out in collaboration with Ministry of Agriculture. During May to December 2010, twenty-nine (29) cases of rabies in cattle and three (3) cases in goats were confirmed. Four (4) dogs which were in contact with carcasses from infected animals were also euthanized. Fortunately, these dogs tested negative for rabies virus which indicated that the spread of the disease was curtailed. In addition, seventeen (17) persons who were in contact with infected cattle and goats were given post-exposure rabies prophylaxis.

Equine encephalomyelitis - Monitoring was done in collaboration with the Ministry of Food Production and Marine Affairs

Leptospirosis - Monitoring in collaboration with the Trinidad Public Health Laboratory and National Surveillance Unit. Persons diagnosed were visited in order to investigate the source of infection and were advised on how to limit exposure. All positive cases investigated were linked to a waterborne source of infection.

Psittacosis - Twenty-two (22) pet shops were visited and advised on quarantine and treatment of birds prior to sale.

Brucellosis – In collaboration with the Ministry of Food Production and Marine Affairs, blood samples were collected and tested. The animals which were tested positive were traced back to the relevant farms and corrective measures were put in place at these farms.

Salmonellosis - A “Traceback” mechanism was put in place of all confirmed human cases of *Salmonella* infection, in order to ascertain the animal or farm source of infection.

Other - Bat biting, there were seven (7) reported incidents of people being bitten by bats that were reported; these were fruit bats or insectivorous bats. All were recommended for prophylactic rabies treatment.

Training

Continuing education programmes for all butchers, abattoir personnel, and employees of all food (animal) processing establishments is also of focus, as such, the following educational programmes were undertaken:

Technical, COSTAATT Programme - Seventeen (17) Public Health Inspectors were trained in a post basic course in meat inspection.

Technical, ECIAF programme - Twenty-eight (28) students were trained in all aspects of Veterinary Public Health through a programme developed in collaboration with the Eastern Caribbean School of Agriculture and Forestry.

Managerial- Workshops were hosted by PAHO, CAREC, UWI, CPA, FDA, USDA and the Livestock and Livestock Products Board.

Provision of practical course work - Fifty-eight (58) UWI Veterinary Medicine student interns were trained in meat hygiene and veterinary public health.

Others (veterinarians, physicians, schools, etc.)- Seventy (70) lectures on yellow fever, other zoonotic diseases, food safety, meat hygiene and processing, and HACCP principles were delivered to various groups by staff members.

Drug Advisory Committee/Drug Residue Testing – One hundred and forty-six (146) drugs were assessed and there was surveillance of the misuse of veterinary drugs.

12. EMERGENCY SERVICES AND DISASTER PREPAREDNESS UNIT

The roles and functions of the Emergency Services and Disaster Preparedness Coordinating Unit (ESDPCU) are to:

- ❖ Establish, implement and maintain a Health Disaster Management programme, with the support of the RHAs and Divisions of the Ministry of Health. This programme will include a Health Disaster Policy, Plan and Procedures;
- ❖ Develop the National Health Disaster Plan; and
- ❖ Conduct general orientation of and awareness for the Health Disaster Plan.

Over the fiscal year 2009-2010, training in ***Disaster Preparedness and Contingency Planning; Mass Casualty Management; Incident Command System Emergency Operations Centre and Shelter Management*** was provided to twenty-eight (28) staff members including UWI Medicine Residents, other emergency room physicians, RHA and County Medical Officers of Health (CMOHs).

In addition to successfully activating the ***Disaster Command Centre*** for the 5th Summit of the Americas in April 2009, activation of the Centre also occurred for the Commonwealth Heads of Government Meeting (CHOGM) in November, 2009.

The Unit also established a ***Telecommunications Working Group***, comprising representatives from ESDPCU, RHAs, HAM Radio and a Radio Communication Specialist. In addition to this the ***Health Disaster Coordinating Committee*** was reactivated.

Focal Disaster Points were updated, that is, the Emergency Operating Centres (EOCs) in the RHAs. In addition, the ***RHAs Disaster Plans, the National Health Disaster Plans and the National Mass Casualty Plan*** were also updated.

The ***Health Sector Disaster Assessment Tool*** introduced by PAHO in conjunction with RHAs and Office of Disaster Preparedness Management (ODPM) was implemented.

A review of the PAHO Safe Hospital Index was conducted for Port of Spain and San Fernando General Hospitals, the Eric Williams Medical Sciences Complex Pediatric and Adult Hospital and the Scarborough Hospital. The Safe Hospital Initiative is aimed at improving hospital capacity to remain functional after the impact of a natural hazard and/or in any disaster situation. The Safe Hospital Index is part of that overall Initiative and is a qualitative assessment aimed at gauging potential vulnerabilities and prioritizing remedial (planning and organization, retrofitting, reconstruction, amongst others) actions, and was the main focus of the initiative in Trinidad and Tobago.

A **Voluntary Medical Response Team for ESDPCU** was established. This was a bonus spinoff from the 5th Summit of the Americas and CHOGM activations and comprises ten (10) Senior Physicians in the Government Service who are willing to come out at any time of day or night on a voluntary basis for **emergency activation** of the centre for the first 24 hours. After 24 hours normal activation staffing would apply.

An Emergency Temporary Partial Activation Plan was also established. This is a statement of Standard Operating Procedures (SOPs) for **immediate** temporary activation for incidents such as, a sudden storm or hurricane watch, for the first 24 hours. After that normal activation procedures would apply.

The public was sensitized about the culture of risk awareness and disaster preparedness by Quarterly Newsletters, Flyers and Brochures which were produced and circulated to all health institutions and the public with the assistance of the Communications Department.

NATIONAL AND SPECIAL PROGRAMMES

1. ONCOLOGY PROGRAMME

During the reporting period there was an expansion of the decentralization of cancer services to the RHAs, initiated by the MoH in the previous fiscal year, with the Tobago RHA coming on board with a daily oncology clinic, staffed by a full-time Senior House Officer from the National Radiotherapy Centre (NRC), supported by the NRC Consultant Oncologists and Director, bringing the number of satellite regional cancer centres to three (3) – ERHA, SWRHA and TRHA.



**Opening of the Oncology Department
at the Sangre Grande Hospital**

These satellite cancer services include: detection and screening, diagnosis, chemotherapy treatment, pain and system management and palliation. In the ERHA Home Care services are also provided.

The NRC under the NWRHA continued to serve as the coordinating centre for cancer services in Trinidad and Tobago providing external beam cobalt radiation, low dose brachytherapy and chemotherapy to patients and a CT Simulator was commissioned.

In terms of training, the MOH continued to support the **training** of nurses in the **BSc Oncology Nursing** programme offered by the School of Advanced Nursing Education (SANE), The University of the West Indies (UWI) and the **BSc Radiation Therapy** programme offered by the College of Science, Technology, and Applied Arts of Trinidad and Tobago (COSTAATT).

The Ministry conducted its first public **stakeholders' consultation** on the National Cancer Plan on May 20, 2010. The National Cancer Plan seeks to chart the direction for comprehensive and coordinated cancer services in Trinidad and Tobago and proposes a governance structure for the management and coordination of national cancer services which would recognize the regulatory and monitoring role of the MOH. The second public stakeholders' consultation involving the private sector providers and NGO's is scheduled for early in the next fiscal year.

Ionizing Radiation Protection Regulations and **MoH Policy on Radiation Protection and Safety** were also developed during this period. This policy and draft regulations and policy addressed both: **Ionizing Radiation Regulations** (IRR) which are intended to protect against occupational or work related exposures; and **Ionizing Radiation (Medical Exposure) Regulations** (IRMER) which are intended to protect persons receiving radiation exposures as part of their diagnostic, (including dental and nuclear medicine), or therapeutic treatment.

2. NATIONAL ORGAN TRANSPLANT PROGRAMME

The National Organ Transplant Unit was established in January 2006 with a mandate to facilitate the safe and equitable transplantation of organs and tissue to patients living with organ failure in accordance with internationally acceptable standards.

Trinidad and Tobago is currently the only Caribbean country that has the appropriate legislation that allows transplants to be performed and the only Caribbean country performing the same in a structured manner.

During the reporting period eleven (11) Kidney Transplants were performed from living donors and two (2) from deceased donors. All 13 transplants were successful.

Three (3) of the transplants were performed on paediatric patients by the Transplant Links Charity through funding from the Republic Bank.

The Tissue Transplant Laboratory was established at EWMSC in March 2010.

Seventeen (17) members of staff from the major hospitals, from all the Regional Health Authorities, inclusive of senior anaesthetists and ICU nurses, were trained as Champions of Transplantation. The training was geared toward assisting staff to identify potential donors in both the Intensive Care Unit and Accident and Emergency Department and how to maintain and manage donors until recovery. Family approach and obtaining consent were also part of the content of the training programme.

These Champions returned to their various hospitals with specific goals to achieve, namely, continuing public education and peer teaching with respect to Organ Donation and the task of generally making their hospital environment Transplant friendly.

The Unit engaged in a number of public outreach programmes which included:

- ❖ A PowerPoint presentation promoting organ health, donation and transplantation to the students of the Chaguanas North Secondary School Health Fair and Fun Day which was part of the RBTT's Young Leaders Project and was centered on the theme "**Holistic Wellness**";
- ❖ The operation of a booth where members of staff provided information on Organ Donation and Transplantation at a Health Fair at the Church of the Nazarene, El Socorro; and
- ❖ The delivery of a presentation on Kidney Diseases and maintaining Kidney Health at La Horquetta Gospel Foundation.



Renal Nutrition Seminar

3. MEDICAL AID PROGRAMME

This programme provided financial assistance up to US\$10,000.00 per patient to nationals of Trinidad and Tobago who were unable to meet the cost of medical diagnosis, treatment and rehabilitation locally, as well as abroad.

During the reporting period one thousand, one hundred and seven (1,107) males and one thousand, and seventy-three (1,073) females, which is a total of two thousand, two hundred and eighty (2,280) persons received funding from the Ministry at a cost of thirty-six million, nine hundred and ninety-six thousand, two hundred and seventy-five dollars and fifteen cents (\$36,996,275.15).

4. SCHOOL HEALTH AND AUDIOLOGY SERVICES

The School Health Programme (SHP) was specifically initiated for the prevention and management of auditory and visual impairment in primary school children throughout Trinidad and Tobago. This programme was designed to strengthen the School Health Services conducted by the Community Health Services in the RHAs. The provision of care reduces lost opportunities through early detection of reduced hearing acuity and visual refractory problems by screening all primary school entrants attending both private and public primary schools throughout Trinidad and Tobago.

The key roles and functions of SHP are to:

- ❖ Make early intervention and follow up care for students with hearing problems;
- ❖ Make timely appointments and appropriate follow up for students who failed the vision screening;
- ❖ Strengthen and expand the services of the School Health Programme; and
- ❖ Form partnerships to strengthen the capacity in audiology services

The goal of this initiative by the Ministry of Health is to strengthen the school health screening programme, to extend coverage, and improve the quality of life and learning outcomes of students enlisted in primary schools.

September 2010 marked the end of the fifth year of the Programme since its implementation in October 2005.

Audiology Services

The objective of the hearing screening initiative is to screen 100% of all first year school entrants attending both private and public primary schools in Trinidad and Tobago. Potential hearing problems in children are expected to be detected during the

screening process. In such cases, early follow up and intervention is done to ensure that each student identified with a hearing problem receives appropriate care and treatment.

An estimated total of 17,954 new entrants for the school year September 2009 to August 2010, were expected to be screened for hearing. This revised figure represents the total entrants on the schools' attendance register. For the period under review a total of 14,680 (81.8%) of the registered figure of 17,954 first year students nationally, were screened. Out of that screened population 13,039 (72.6%) passed, 6,611 (50.7%) were males, 6,428 (49.3%) were females, and 322 (2.2%) were referred for further evaluation. At the close of the reporting period a balance of 2,885 entrants were still to be screened. It is to be noted that screening would be continued.

Table 12
School Health Programme- Audiology Screening

County	2009-2010 – Population 17,954			2008-2009 – Population 17,882		
	No Screened	No Passed	Referred	No Screened	No Passed	Referred
Port of Spain City Corporation	427 (2.4%)	344 (80.6%)	-	431 (2.4%)	352 (81.7%)	-
St George West	834 (4.6%)	714 (85.6%)	-	904 (5.2%)	799 (88.4%)	45 (5%)
St George Central	1011 (5.6%)	839 (83%)	1 (0.1%)	1123 (6.5%)	978 (87.1%)	26 (2.3%)
St George East	2971 (16.5%)	2643 (89%)	27 (0.9%)	2474 (14.3%)	2186 (88.4%)	21 (0.8%)
Caroni	2213 (12.3%)	1874 (84.7%)	91 (4.1%)	2518 (14.5%)	2155 (85.6%)	166 (6.6%)
Victoria	3263 (18.2%)	3156 (96.7%)	50 (1.5%)	3239 (18.7%)	3071 (94.8%)	30 (0.9%)
St Patrick	1715 (9.6%)	1551 (90.4%)	85 (5.0%)	1769 (10.2%)	1642 (92.8%)	99 (9.6%)
Nariva/Mayaro	571 (3.2%)	475 (83.2%)	53 (9.3%)	569 (3.3%)	502 (88.2%)	56 (9.8%)
St Andrew/St David	912 (5.1%)	884 (96.9%)	12 (1.3%)	966 (5.6%)	934 (96.7%)	15 (1.6%)
Tobago	763 (4.2%)	559 (73.3%)	3 (0.4%)	746 (4.3%)	575 (77.1%)	15 (2.0%)
TOTAL	14680 (81.8%)	13039 (88.8%)	322 (2.2%)	14739 (85%)	12842 (87.1%)	473 (3.2%)

A collaborative approach to screening is being coordinated between the Ministries of Health, Education, Social Development, the PAHO and Non-Governmental Organizations (NGOs) such as DRETCHI, UNICEF.

Two separate contractual arrangements between the Trinidad and Tobago Association for the Hearing Impaired-Diagnostic Research Educational and Therapeutic Centre for the Hearing Impaired (TTAHI-DRETCHI) and the Ministry of Health (MoH) came to an end. The Audiological Testing Services for one year and the Hearing Aid Fittings for one year ended October 31, 2009 and November 30, 2009 respectively. Arrangements were made to have the contractual period extended for the continuance of the service and to attain the target set for the SHP.

For the period under review, one hundred and eighty three (183) students were referred to DRETCHI for audiological evaluation. The records showed that one hundred and eighteen (118) students were tested. Out of that figure, seventy-three (73) were males and forty-five (45) were females, seventy-three (73) were found with normal hearing, ten (10) were referred for hearing aids and eight (8) were actually fitted with hearing aids (See **Table 13** for breakdown of the number of students tested under the SHP). The figures continued with an overlap from the previous year, and there was still a waiting list to be serviced.

The TTAHI reported that children who had not been screened under the SHP were referred to DRETCHI from various other sources, including parents' observations. These children made up a significant number of the children tested during the period of the Contract.

Table 13

Breakdown of the number of students tested by DRETCHI under the School Health Programme for 2009-2010

Ref. for Testing	Tested	Male	Female	Normal Hearing	Ref. for H/Aid	Fitted with H/Aid	School Inter.	Ref. to ENT	Ref. for Re-test	Re-tested
183	118	73	45	73	10	8	9	4	20	14

DRETCHI continues to service the hearing aids supplied to the children on a quarterly basis and to instruct parents and guardians on care and maintenance of same.

During the fiscal year 2009 to 2010, two hundred and fifty-eight (258) children received audiological evaluations at DRETCHI, with several children attending evaluation sessions more than once. Of these, nine (9) children fitted with new hearing aids.

Other services provided by the Audiology Services included the issuance of advisory letters to school principals, concession letters for examinations and medical letters.

Calibration Services

The Medical Consultant for Audiology Services did an inventory and assessment of all audiological equipment including those used in the community, and other sundries to support the School Health Programme (SHP). Calibration for functional status of all equipment was done by the Electro-Medical Instrument (EMI) Company of Canada. A certificate of calibration done was given for each piece of equipment at the end of the exercise. Regular checks on the equipment were done throughout the year by the Medical Consultant for Audiology Services.

Training

Three two-day workshops on Hearing Screening for District Health Visitors were conducted with twenty-six (26) community based nurses participating.

Health Education

Lecture sessions and workshops were conducted for food handlers and those involved in specialised areas of operation like the School Nutrition Company. It was projected in 2009–2010 to conduct one thousand eight hundred (1,800) training sessions for food handlers. These projections were surpassed, with the actual number completed being two thousand, one hundred and eighty-eight (2,188).

In addition, one thousand and forty-two (1,042) lecture sessions were conducted at school and community groups against a projected eight hundred (800) sessions. These sessions covered various health related topics.

5. CHRONIC DISEASES ASSISTANCE PROGRAMME (CDAP)

On February 21, 2003, the Ministry of Health launched the Chronic Disease Assistance Programme (CDAP) which makes a basket of prescription drugs available, free of charge to patients, not only at the public health dispensaries, but also in any of approximately two hundred and fifty (250) private pharmacies, nationwide.

The major objectives of the programme are to:

- ❖ Reduce the burden on dispensaries and patient waiting-time at the public health institutions, by immediately providing 250 additional dispensing facilities across the country;
- ❖ Improve patient compliance in the use of the prescribed drugs to treat these chronic diseases. In so doing, the cost and burden of hospitalization (for

treatment – medical and/or surgical) are significantly reduced. Additionally, patients could have greater access to counseling by pharmacists; and

- ❖ Lessen the cost of healthcare for those who seek medical attention privately, since prescriptions are also accepted from doctors in private practice.

For the period October 2009 to September 2010:

- A total of eighty-seven thousand, three hundred and eighty-two (87,382) new patients participated in the programme as compared to one hundred and twenty-seven thousand, seven hundred and six (127,706) for the previous year;
- Thirty-one (**31**) private pharmacies joined the programme;
- The number of doctors writing prescriptions on the programme increased by nineteen (**19**);
- Three million, one hundred and thirty-four thousand, seven hundred and forty-five (**3,134,745**) items were dispensed;
- A total of twenty-eight point four million dollars (**\$28.4M**) worth of drugs and medical supplies were purchased for the period 2009/2010 as against twenty-seven point seven million dollars (**\$27.7M**) in 2008/2009.



Hospital Pharmacy with CDAP Drugs

TECHNICAL SUPPORT SERVICES

The Information, Communications and Technology Unit, the Human Resource Management Unit, the International Cooperation Desk and the Directorate of Finance and Projects provide technical services to the other Departments of the Ministry to enable the achievements of the Ministry's Projects and Programmes. The achievements of these Departments follow.

1. INFORMATION, COMMUNICATIONS AND TECHNOLOGY

The Information, Communications and Technology (ICT) Department has direct responsibility for planning, implementation and operations of Information Systems and Technology at the Ministry's Head Office, Vertical Services and Special Programmes. The Department also assumes a co-coordinating role and acts on behalf of the Ministry to ensure that the implementation of information systems and technologies at the Regional Health Authorities align with the Ministry's policies and strategic objectives.

The ICT Department of the Ministry of Health works in collaboration with the Central IT Unit of the Ministry which is responsible for the implementation of an integrated sector wide National Health Information System. This system is aimed at improving the quality of health care through effective utilization of information technology and structures.

The ICT department's major achievements for the period follows:

- ❖ **MS SharePoint Rollout** - SharePoint sites were completed in the following units:
 - Insect Vector Control Department
 - Dental School
 - Population Programme
 - School Health Programme
 - QPCC&C
 - National Organ Transplant Unit
 - Food & Nutrition
 - Chemistry Food & Drugs (CFD)
- ❖ **Registry/Document Management System** - A revised vendor proposal evaluation document for the implementation of the registry and system was submitted for approval;
- ❖ **Implementation of an Inspections Database at Chemistry, Food and Drugs (CFD)** – A review of the initial database solution which was under development for the CFD was completed and comprehensive ICT requirements for the CFD were identified for further action;

❖ **Supply Chain Management** – The implementation of a management system for the departments of Accounts, Audit, and Office and General Administration was completed. This system also involved end user training of administrators of the system. System Modifications by the vendor were completed, tested and put into production.

❖ **E Health Card Project:**

Pilot Start-up: Completed Hardware and Networking at the Siparia DHF. Eighteen (18) Personal Computers and seventy-nine (79) Network Drops were installed.

Application Design: The design was completed in accordance with software Request for Proposal (RFP) requirements. Application Development Version 1.2 were completed.

E Health Card Integration: Card Printers were procured and integrated into Medical Management System (MMS) with Version 1.2 rolled out. The Siparia DHF is operating with new workflows supported by MMS application. Over two thousand, five hundred (2,500) E-Health cards were generated and distributed. Initial Data Load was twenty-eight thousand (28,000) patient records loaded and converted for use in the MMS Rollout of St. Joseph Health Centre.

Pilot Evaluation: The pilot evaluation is ongoing. The process of defining and creating reports needed for the system Rollout of Version 1.2 at Siparia and Morvant were started. The process at St. Joseph was completed.

Procurement of Consumables: The last delivery was in July 2010 and items currently in stock. OG&A has been asked to accept the responsibility of distributing the stock.

❖ **Centralised Financial Management Information System (FMIS) for RHAs** – The Implementation of FMIS in NCRHA with the approved Chart of Accounts and reports

❖ **Connection to the GoRTT communication backbone (GovNeTT)** - Proof of Concept (User Acceptance Testing) was completed at the offices of Fujitsu Transactions Solutions Limited. Thirty-Three Health Sector sites were connected to the GovNeTT backbone and approval for the connectivity of the Head Office site as type 4.3 was obtained. Kit for the Head Office site type 4.3 was received.

Information Technology Infrastructure Rollout - 77% of the horizontal cabling was completed, as well as 9% of the hardware rollout. The Sangre Grande Hospital and SWRHA Regional Administrative Centre were rolled out for PCs, printers and switches.

The network design has been implemented at MoH Head Office; users continue to be migrated into the new network.

- ❖ **Environmental Health Application** - Completion of the initial database. This project led to an update in the forms utilized by Health Inspectors in the recording of inspection data;
- ❖ **Development & Implementation of a Database to capture Research (EVIPNET)** – One Hundred percent (100 %) completion of the requirements analysis for this division, including technical specifications was done;
- ❖ **MOH Head Office Migration** – The new network design for the Ministry and RHAs was approved. Server equipment was installed at Head Office in a Server Room outfitted with necessary upgrades to facilitate new equipment. Ministry staff was trained to operate in the new environment in Office 2007 and Windows 7. New policies were implemented for email use, retention and archiving. The installation and configuration of the Computer Migration Lab was completed in August 2010.

GovNeTT connection at MoH Head Office was installed and deployment notification to Department Heads was issued on the third floor in September 2010;

- ❖ **Geographic Information System** – The GIS IVCD pilot project scope document was completed and communicated. Data mining and Maps inventory were established. Budget Projections and Justification were completed and a System Analysis stage was completed;
- ❖ **PABX Voice and Data Communications upgrade for Ministry of Health, Head Office and Vertical Services, National and Special Programmes Project** - Technical Terms of Reference and Specification for IP PBX for Head Office was completed. A vendor was selected to provide IP PBX facilities on a leased basis for a period of two years in the first instance to the Head Office of the Ministry of Health. The agreement between this vendor and the Ministry of Health was signed effective 2nd August 2010.

An audit of the telephone extensions versus public officer assigned to that extension was done with the intention of providing updated configuration information for the IP PBX. Completion of the policy and procedural guidelines for the use of the IP PBX System has been completed.

The IP PBX solution was implemented at the Ministry of Health's, Head Office location inclusive of end user training. Two T1 PRI circuits and equipment were also installed at that location.

- ❖ **Health Service Desk Network** - The Health Service Desk Network will integrate all the RHAs, MOH and its facilities. The designs for the Network were almost completed and a plan for its actualization was drafted.

2. HUMAN RESOURCE DEVELOPMENT

The Human Resource Management Division supports the attainment of the goals and objectives of the Ministry of Health through the provision of adequate and well trained human resources and through the creation of an enabling environment using effective policies and procedures.

The Division has three (3) main areas of responsibility:

- ❖ Human Resource Planning:
 - Assessment of the human resource needs and undertaking of the appropriate action to ensure that the right number of people with the appropriate mix of skills, experiences and competencies are in the right jobs at the right time.

- ❖ Industrial Relations/Employee Relations:
 - Guides the organization with respect to the application and interpretation of IR/ER practice thereby creating a harmonious working environment.

- ❖ Training and Development:
 - Develops intellectual capital and ensure the right quality of staff is available to meet present and future organizational needs.

During the reporting period forty percent (40%) of staff were trained in functional areas of the Integrated Human Resource System (IHRIS). Workforce Administration was completed for all categories of staff of Ministry of Health except daily-paid staff. Performance Management and Absence Management were integrated into IHRIS for all members of staff except for contract and daily-paid, as such, Performance Appraisal Reports and Absence Reports can now be generated from IHRIS. Query training for staff was completed.

PERFORMANCE MEASUREMENT TOOLS

The performance management tool that is used in the Public Service is the Performance Appraisal Report, whereby standards of performance are set. A performance appraisal, is a method by which the job performance of an employee is evaluated (generally in terms of quality, quantity, cost, and time) typically by the corresponding manager or supervisor. A performance appraisal is a part of guiding and managing career development. It is the process of obtaining, analyzing, and recording information about the relative worth of an employee to the organization.

Another performance management tool that is under review to be introduced to executive management in the Public Service is the “Ministerial Performance

Managerial Framework” that is closely aligned to the 360 degrees performance assessment tool.

TRAINING

During the reporting period eighteen (18) scholarships were awarded to staff at the Ministry of Health and the RHAs, as can be seen in the table below and one hundred and seventy-eight (178) persons received training facilitated by the Training Department. Some of these training opportunities are given below with a detailed listing at **Appendix I**.

Table 14

Scholarships for the period October 2009-September 2010

Workshop/Training Programmes		No. of Participants
1	Clinical Fellowship Programme in Nephrology at the University of Toronto, Canada (3 years)	1
2	Certificate in the Health Information Systems Management at COSTAATT	1
3	Fellowship Programme in Oculoplastics, Strabismus and Neuro-Ophthalmology at University of Toronto, Canada	1
4	MSc Radiation Oncology	1
5	BSc Laboratory Technology	2
6	BSc Biological, Biomedical and Life Science	1
7	BSc Pharmacy	7
8	BSc Social Work, Special	1
9	BSc Nursing	1
10	BSC Physiotherapy	1
11	BSc Medical Social Work	1
Total		18

Table 15
Training Programmes - Ministry Of Health
for the period October 2009 - September 2010

Workshops		No. of Participants
1	Mastering Supervisory Skills	3
2	Preparation for Retirement	21
3	Retreat for Deputy Permanent Secretaries	2
6	Optimizing Employee Performance: A Supervisor's Guide to Success	7
7	REDATAM (Retrieving of Data for Small Areas by Microcomputer)	1
9	Building Critical Skills in the Middle Management Team	11
11	Introduction to Facilities Management	6
13	Small Incision Cataract Surgery in Ophthalmology	2
15	Administrative Professionals Workshop for Executive Assistants	1
16	Business Etiquette for Administrative Professionals	2
17	PAHO/WHO Leaders in International Health Programme	1
18	Psychometric Testing Training 2010	3
19	Dealing with Difficult People	1
20	Influenza Surveillance Training Workshop	3
25	Project Management For Administrative Professionals	3
26	Practices in Project Management T&T discussions based on the UFF Report	5
27	Managing Workplace Conflict	3
28	Preparation of Pension and Leave Records	14
29	Workshop on Chemical Precursors Control – Mexico City	1
31	Certified Fraud Examiners Seminar	2

3. HEALTH SECTOR ADVISORY UNIT

This Unit has been involved with assisting the RHAs with varying staffing issues and has created a number of electronic databases to help make these processes more efficient. These include a database to monitor vacancies at the RHAs for Doctors, Nurses, Pharmacists and Lab Personnel and a database of interested applicants for advertised vacancies in a bid to shorten the recruitment process; and one to monitor the award of Scholarships, bursaries and full pay study leave to ensure compliance with obligatory service.

The Unit was also responsible for the creation of linkages with various tertiary level schools. These schools supplied a listing of graduate students for various health professions (Interns, Pharmacist and Assistant Pharmacist) which was shared with the RHAs. The Health Sector Advisory Unit was involved in the management of two consultancies which were completed in 2010, a Competency Framework and New Performance Management system for the RHAs which is being piloted at Eastern Regional Health Authority and a Compensation Survey Consultancy for the RHAs, the report for which is currently under consideration by the Ministry.

4. INTERNATIONAL COOPERATION DESK

The mandate of the International Cooperation Desk is to:

- ❖ support the examination and processing of proposals for travel abroad in connection with various Training Courses; Seminars; Workshops; Conferences/Meetings and Study Visits, among others;
- ❖ liaise with regional and international funding agencies to obtain funding for projects that will enhance the public health delivery system;
- ❖ ensure that Trinidad and Tobago meets its obligations under the various international Conventions and that the policies and programmes of the Ministry of Health are developed and implemented in conformity with the requirements of those international conventions and agreements to which Trinidad and Tobago is a party. The underpinning assumption is that there is congruence between these international agreements and the overarching vision of the Ministry of Health and where this does not exist corrective alignment will be conducted;
- ❖ support the processing of government-to-government and other types of regional and international arrangements that will lead to the acquisition of technology and to the recruitment and administration of technical expertise for the public health sector.

The Government of the Republic of Trinidad and Tobago has been engaged, in recent years, in the practice of recruiting healthcare professionals from the Republic of Cuba, Costa Rica, St Vincent and the Grenadines, Panama and the Republic of the Philippines, to assist in alleviating the human resource shortages in the public health sector of this country. The recruitment of foreign health workforce is only one measure which the Ministry has employed to deal with the shortage of healthcare professionals. The Ministry of Health has been intensifying its efforts at training increased numbers of medical and allied health professionals in order to reduce its dependence on foreign workers.

Table 16
Foreign Health Professionals Recruited

Healthcare Professional	Country			Total
	Cuba	Philippines*	St Vincent and the Grenadines	
Doctors	17	9	-	26
Nurses	63	118	13	194
Pharmacists	-	35	-	35
Total	80	162	13	255

* previously recruited but received further employment during 2009/2010

The International Cooperation Desk supports the Ministry's Human Resource development by facilitating the participation of employees of the Ministry and RHAs in training, workshops and conferences provided by international organizations such as PAHO, UNICEF, United Nations, IDB, among others. A list of these activities is at **Appendix II**.

5. CORPORATE COMMUNICATIONS UNIT

The Corporate Communications Unit supports the goals and objectives of the Ministry of Health by providing internal communication to all departments and provides external communication to address all health issues that impinge on the health of the population.

The key roles and functions of the Unit are to:

- Advise the Ministry's management on all information and communication matters pertinent to the Ministry in particular, and the Health Sector in general;
- Prepare, review and/or edit speeches, addresses and other statements to be delivered by the Minister, the Permanent Secretary and other personnel of the Ministry of Health;
- Develop and implement programmes, including the production of magazines, news releases, electronic media programmes, and interactive sessions such as town meetings, in collaboration with the Health Promotion, Health Education and other relevant units and departments to enhance awareness and public education on health and the health sector;
- Monitor and evaluate the communication/public relations policy and activities of the Ministry of Health to determine the effectiveness and required follow-up action of national health awareness/education strategies and programmes;
- Collaborate with the Communication Departments of the Regional Health Authorities in the dissemination of information to stakeholders, including the general public; and
- Organize training to enhance the capacity of personnel of the Ministry of Health and its allied services to apply communication principles and techniques for the more effective delivery of their programmes and projects.

During the reporting period the Unit's achievements in the area of external communication included:

- The setting up of an information hotline, "800 WELL", which deals with matters relating to H1N1, Tobacco and Dengue;
- An email address, tobacco.control@health.gov.tt, was developed for the public to share concerns, make queries, seek information about the recently proclaimed Tobacco Control Act and to request tobacco cessation assistance;
- Events management which gave the Ministry a very positive image included the hosting of:
 - the Caribbean Public Health Agencies (CARPHA) Meeting in December 2010;
 - the Council on Health and Social Development (COHSOD) Conference in February 2010, which provided an opportunity to build relationships with CARICOM as well as NGOs;
 - the Caribbean Health and Regional Conference (CHRC) and Opening Ceremony hosted in April 2010;

- the coordinating and managing the Chemistry, Food and Drugs exhibit for TIC from May 19th to May 20th 2010.
- Sixteen (16) press conferences; fifty six (56) media interviews; forty eight (48) events/Ministerial appearances and thirteen (13) events with appearances by the Parliamentary Secretary/Chief Medical Officer were successfully organized and promoted;
- Fourteen (14) health promotion media campaigns were conducted. An evaluation of long term campaigns was done through an external source (MORI Surveys) which revealed that both the Dengue Refresher Campaign and the Tobacco Control Campaign scored a 95% recall rate by the public, placing it in the top three (3) Government campaigns.
- The streamlining of communication activities between the MOH and the RHAs was accomplished despite challenges. This was achieved through the creation of the Public Health Sector Standard Operating Procedures Handbook which brings together all the policies and Standard Operating Procedures relevant to corporate communications in the public health sector; and
- A plan for the rebranding of the MoH was developed and approved. This rebranding will present the Ministry and the RHAs as one Public Health sector.

6. CHANGE MANAGEMENT UNIT

This Unit was established in 2009 and the key roles and functions of this Unit are to:

- ❖ Support the implementation of the Ministry of Health's Business Plan;
- ❖ Develop committed sponsorship for the projects to be implemented under the Ministry's Business Plan;
- ❖ Identify overall human resource constraints and requirements in the context of the transformation of the health sector;
- ❖ Identify and facilitate the development of a culture that supports new ways of working;
- ❖ Ensure that all those who will need to make changes to the way they work in implementing the new processes and systems are provided with the opportunity to learn new skills or processes as required; and
- ❖ Develop a comprehensive communication plan to support the implementation of the Ministry's Business Plan.

The involvement of all members of staff is critical in the development and implementation of change initiatives for the transformation of the Ministry of Health. Enveloped in the implementation of the Ministry of Health's Business Plan is the

process of sensitisation sessions as well as capacity building to provide employees with appropriate skills to assist in the transformation. To this end, awareness sessions were conducted and a Draft Communication Plan was developed as part of the Change Plan.

Workshops were scheduled departmentally in order to develop missions, visions and core values for the various units. Workshops were completed with the Internal Audit and ICT Units.

The improvement of the quality of service provided by the Human Resources Unit was also looked at, with the major initiative being a review of the Contracts Unit. So far, a process map has been completed.

The Change Management Unit worked with the Finance Unit to seek an improvement in the quality of services which are provided by that Unit. A major project within this was a review of the accounts payable function. A process map was completed and is under review by the staff of the Unit.



Awareness Session

7. FINANCIAL OPERATIONS

BUDGET VERSUS ACTUAL EXPENDITURE

For the fiscal year 2009 to 2010, budgetary allocation to the Ministry of Health was three billion, eight hundred and forty-nine million, two hundred and ninety-two thousand, two hundred dollars (**\$3,849,292,200**). *Table 17* shows the actual expenditure of the Ministry of Health against the budgeted allocation.

Table 17
Summary of
Ministry of Health Budget & Actual Expenditure
October 2009- September 2010

Account	Budget	Actual
Total Health Budget	3,849,292,200	3,746,215,326
Recurrent Expenditure	3,346,392,200	3,268,442,333
01 PERSONNEL EXPENDITURE	242,288,011	207,795,706
02 GOODS AND SERVICES	703,162,000	666,708,853
03 MINOR EQUIPMENT PURCHASES	5,925,000	3,099,492
04 CURRENT TRANS. AND SUBSIDIES	2,376,333,289	2,373,110,206
06 CURRENT TRANS. TO STATUTORY BOARDS AND SIMILAR BODIES	18,683,900	17,728,076
Development Programme	239,030,000	221,043,899
INFRASTRUCTURE DEVELOPMENT FUND	263,870,000	256,729,094

8. MEDICAL LIBRARY

The mandate of the Medical Library Services is to provide for the information needs of staff of the Ministry of Health, the Vertical Services and the Regional Health Authorities. The main Medical Library is located on the compound of the Port of Spain General Hospital and functions as the co-ordinating and administrative center of the service. Other units are as follows:

- Medical Library - San Fernando General Hospital
- Medical Library - Mt Hope Women's Hospital
- Medical Library - Caura Chest Hospital
- School of Nursing Library - Palms Club, San Fernando
- School of Nursing Library - St Anns
- School of Nursing Library - Port of Spain General Hospital
- Library - Ministry of Health - presently housed at Chemistry, Food and Drugs
- Library - Sangre Grande Hospital
- Collections at - National Radiotherapy Centre, St James
Area Hospital, Point Fortin
Mayaro Learning Resource Centre

For the fiscal year under review, library services were well utilized as evidenced by reports from the various units which all reported increased usage. In the libraries where the internet and computers were accessible to the public, approximately **9,000 people used this service**. Increases in readership, loans and requests resulted from users being able to access current books and periodicals. The units at San Fernando and Port of Spain reflected readership of over **5,000 readers** for the year.

The Medical Library Network offered a range of services to its clientele using a competent core staff in order to fill the needs of users. Users were able to borrow material, undertake literature searches using data bases, request literature photocopies and print material.

PROCUREMENT PROCEDURES

For the period under review, the Ministry of Health employed the following procurement strategy:

- *International procurement* using the two envelope system. This model is primarily for acquisitions using funding from international lending agencies. Bidders are instructed to provide separate technical and economic proposals. In the event that the bidder fails to satisfy the technical criteria the economic proposal is returned unopened to the bidder;
- *Central Tenders Board* rules inviting a comprehensive bid which includes both technical and economic proposals. The lowest bid from all the bidders who satisfy the minimum technical requirements is accepted;
- *Selective Tender* invitations are used where technical pre-qualifying conditions apply. For specialized goods and services, the procurement process is optimized by a pre-tender evaluation of prospective suppliers to identify and invite only those firms with proven competences and capabilities;

For regular supplies, the Central Tenders Board publishes a list of selected firms and negotiates prices based on the quantity of supplies required by the entire public sector. The use of this mechanism allows the MOH to benefit from negotiated quantity discounts. Where appropriate, the MOH uses the procurement arrangement stipulated in the Regional Health Authority Act. This process can be more efficient in terms of time because the tendering arrangements are used specifically for the RHA. For relatively small purchases of consumables and supplies, the MOH employs its own internal purchasing system. This process is informed by spending limits set by the Permanent Secretary and transparency is maintained by requiring quotations from three competing firms. Items are then purchased from the firm with the lowest prices.

STRATEGIC PARTNERSHIPS

The Ministry of Health has strategic partners who play an important role in assisting the Ministry in fulfilling its mandate of efficient and effective management of the health sector in Trinidad and Tobago. These partners include the Regional Health Authorities, the Pan American Health Organization, Ministries and Statutory Boards, the Medical Research Foundation, Non-Governmental Organizations, Tertiary Level Educational Institutions, and Specially Contracted Service Providers which are discussed below.

1. REGIONAL HEALTH AUTHORITIES

These RHAs are the service delivery arm of the public health system and are responsible for the management of all public health care facilities. There are four RHAs in Trinidad and one in Tobago which all operate according to defined geographic boundaries. These are outlined below.

Table 18

Regional Health Authorities

Regional Health Authority		Location
North West Regional Health Authority	NWRHA	Trinidad (north/north-west)
North Central Regional Health Authority	NCRHA	Trinidad (west-central)
Eastern Regional Health Authority	ERHA	Trinidad (north-east & south-east)
South West Regional Health Authority	SWRHA	Trinidad (south/south-west)
Tobago Regional Health Authority	TRHA	Tobago

For fiscal year 2009 to 2010, the Regional Health Authorities received subventions from the Ministry of Health as presented in *Table 19*:

Table 19
Regional Health Authorities Allocations
Oct 2009 - Sep 2010

Regional Health Authorities	Allocations Received
Regional Health Authority	427,898,250
North West Regional Health Authority	543,513,819
Eastern Regional Health Authority	178,327,720
North Central Regional Health Authority	598,630,282
South West Regional Health Authority	529,869,460
Total Allocation	\$2,278,239,531

In *Table 19* above, the sum of four hundred and twenty-seven million, eight hundred and ninety-eight thousand, two hundred and fifty dollars (\$427,898,250.00) allocated to *Regional Health Authority*, was spent generally across all RHAs as follows:

Table 20
Breakdown of Expenditure for Regional Health Authority
Oct 2009 - Sep 2010

PROJECTS 2010	SWRHA	NCRHA	NWRHA	ERHA	OTHER	TOTAL
Emergency Ambulance Service	-	-	-	-	100,614,991.18	100,614,991.18
RHA Debt Servicing	4,768,199.45	2,146,278.94	-	-	32,546,690.80	39,461,169.19
Community HIV/AIDS	6,900.00	-	-	23,568.55	2,619,315.87	2,649,784.42
Anti-Retroviral Reimbursement	-	-	-	-	10,148,719.86	10,148,719.86
Paediatric Cardiac Surgery	-	1,952,500.00	-	-	-	1,952,500.00
Gynaecological Cancer Screening and Surgery	-	-	-	-	-	-
Pension Contribution	20,300,878.22	25,695,764.64	19,121,626.78	7,082,731.66	4,136,951.13	76,337,952.43
Vacant Posts	270,205.74	-	-	2,686,111.69	-	2,956,317.43*
School Health Programme	-	-	-	-	411,116.95	411,116.95

PROJECTS 2010	SWRHA	NCRHA	NWRHA	ERHA	OTHER	TOTAL
Private Institutions	31,465,973.03	8,783,713.30	129,011.20	1,691,080.38	-	42,069,777.91**
Other	4,138,750.00	8,459,946.43	2,000,000.00	-	2,915.00	14,601,611.43
Arrears	41,861,495.58	53,253,099.05	25,254,009.39	7,445,046.67	-	127,813,650.69***
Legal	6,925,629.72	-	455,026.07	1,500,000.00	-	8,880,655.79
Total	109,738,031.74	100,291,302.36	46,959,673.44	20,428,538.95	150,480,700.79	427,898,247.28

* Posts filled by the RHAs during the fiscal year

** Ward stay and ICU cost patients who were transferred to private care institutions

*** Arrears paid to RHA Doctors

2. PAN AMERICAN HEALTH ORGANIZATION (PAHO)

The Pan American Health Organization (PAHO) is an international public health agency with more than 100 years of experience in working to improve health and living standards of the countries of the Americas. It serves as the specialized organization for health of the Inter-American System. It also serves as the Regional Office of the WHO for the Americas and enjoys international recognition as part of the United Nations system.

PAHO continued to play a significant role in providing the Ministry with technical assistance in areas deemed priority by the Ministry, and by providing training as well as advice to the Ministry on its programmes, plans and initiatives.

For fiscal year 2009-2010 the quota contribution given to PAHO was one million, one hundred and twenty thousand dollars (\$1,120,000.00).

3. MINISTRIES AND STATUTORY BOARDS

The Ministry of Health is very mindful that there are several determinants of health which lie outside of its direct remit. As such, in order to address the health issues of the nation in a meaningful way the Ministry has formed collaborative relationships with other Ministries over the years. Some of these Ministries include: the Ministry of Social Development; Ministry of Education, Ministry of Planning, Housing and the Environment; Ministry of the Attorney General; Ministry of Legal Affairs and the Tobago House of Assembly.

In addition, under Section 66A of the Constitution, the following Statutory Boards are under the purview of the Ministry of Health: the Trinidad and Tobago Association for Retarded Children; the Princess Elizabeth Home for Retarded Children; and Boards Regulating the Practice of Medicine and Related professions.

THE PRINCESS ELIZABETH HOME FOR HANDICAPPED CHILDREN

The mission of the centre is *“to create a healthy, learning environment which fosters the all-round development of children with special needs primarily the physically challenged and to ensure that these children acquire the skills which enable them to be well integrated into society”*.

The achievements of the centre included the:

- provision of residential accommodation for sixty (60) children between the ages of three (3) to seventeen (17);
- completion of one hundred and fifty-nine (159) surgical procedures at the Operating Theatre which is equipped for specialized spinal surgery;
- weekly Paediatric Orthopaedic and Scoliosis (lateral curvature of the spine) Clinics catering to patients island wide and from within the Caribbean. Eight hundred and sixty-seven (867) Scoliosis patients were seen in the Scoliosis Clinic and one thousand, one hundred and seventy-two (1,172) children were seen in the Paediatric Orthopaedic Clinic.
- Rehabilitative services in Physiotherapy Speech and Occupational Therapy and specialized Nursing services were provided;
- Dental care
- Specialized post-operative and palliative care was provided to the children.

The Ministry of Health provided this Home with a subvention of eight million, and ninety-three thousand dollars (\$8,093,000.00), for the period October, 2009 to September, 2010, for the provision of needed services to the physically challenged children. In addition, the home received funding for infrastructural development in the sum of thirty thousand, one hundred and thirty dollars (\$30,130.00).

THE TRINIDAD AND TOBAGO ASSOCIATION FOR RETARDED CHILDREN

The Trinidad & Tobago Association for Retarded Children (TTARC) was established in 1958 to provide for the needs of persons who are mentally challenged in Trinidad & Tobago. The Corpus Christi Carmelite Sisters are responsible for the administration of the Centres operated by the Association. The mission of TTARC is to provide an environment for persons with mental retardation and to enable them to achieve their full potential for integration into the mainstream of a well informed society”

There are six centres under the auspices of this Association, namely: The Lady Hochoy Home, Cocorite; the Lady Hochoy Special Home, Cocorite; the Lady Hochoy Vocational Centre; the Lady Hochoy Home, Gasparillo; Lady Hochoy Special School Penal; Lady Hochoy Special School Arima; and Memisa Centre, Heights Of Guanapo, Arima

The residential facility offers accommodation to persons with moderate to severe/profound disabilities and care ranges from Level 2 to Level 3. The ages of residents encompassed all ranges across the generational divide, with the youngest resident being two and a half (2½) years and the oldest being seventy-two (72) years. Staffing compliment included a Physiotherapist, Nurse, Nurses' Aides; all continued to maintain a good quality of life for residents, and ensured that the residents' physical, medical, social, recreational and spiritual needs were met.

The Lady Hochoy Special School - Cocorite

The Lady Hochoy Special School functions as a Training/Rehabilitation Centre. The aim of the Centre is to empower children with intellectual disabilities with the skills needed to function as members of the society, according to their abilities.

The Special School operates with a teaching staff made up of personnel from the Ministry of Education and Assistant Instructors of the Lady Hochoy Home. The curriculum for teaching is adapted from the Primary School Curriculum and a strong emphasis is placed on social development and functional academics.

During the reporting period eighty-two (82) students between the ages of five (5) and sixteen (16) were in attendance.

The Lady Hochoy Vocational Centre

This Center continued to act as a training facility and a sheltered workshop for students sixteen (16) years and over. It also provided a therapeutic environment where skills learnt in the special school were maintained and new life skills and vocational training were taught, so that the students were able to continue with the activities of daily living. During the period of reporting the students of the Centre participated in many activities such as, the Junior Parade of Bands, mini concerts for Disability Awareness Week, and the National Special Olympic Games. In addition, students were also involved in the processing of cocktail peanuts as a cottage industry, with their products being sold at various Hi Lo and Tru Valu Supermarkets.

During the reporting period there were ninety-eight (98) students on enrollment between the ages of seventeen (17) and forty-five (45).

The **Lady Hochoy Home – Gasparillo**, **Lady Hochoy Special School Penal**, and **Lady Hochoy Special School Arima** all provide the same services as the Lady Hochoy Special School in Cocorite, with each having an enrollment of one hundred and fifty-four (154), forty (40) and twenty-five (25) respectively.

Memisa Centre – Heights of Guanapo, Arima continued to cater for the needs of adult males who are mentally challenged. The forty (40) persons who were housed at

this centre during the reporting period were without family who are able or willing to take care of them. Many residents suffer from seizure disorder, psychiatric and behavioral problems. Medications were used to manage these problems.

In support of services provided to the mentally challenged in our society, the Ministry of Health provided a subvention to the Association in the sum of nine million, six hundred and thirty-five thousand, and seventy-six dollars (\$9,635,076.00).

4. MEDICAL RESEARCH FOUNDATION OF TRINIDAD AND TOBAGO

The Medical Research Foundation of Trinidad and Tobago (MRFTT), a non-profit organization, was founded in March 1st, 1997 under the consortium called the Trans-Caribbean HIV/AIDS Research Initiative (TCHARI)¹. Under the TCHARI and with the assistance of the Caribbean Epidemiology Centre (CAREC), the University of the West Indies (UWI) and the Ministry of Health, HIV/AIDS treatment centres across the Caribbean were able to develop more advanced research techniques in the provision of essential HIV/AIDS care services.

The MRFTT provides palliative care and psycho-social support to persons living with HIV/AIDS. The Foundation is the largest HIV treatment and care provider in Trinidad and Tobago accounting for approximately sixty-nine percent (69%) of the national enrolled HIV positive persons. As of September 2010, there were approximately four thousand, four hundred and fifty-eight (4,458) persons out of a possible six thousand, four hundred and forty-six (6,446) who received HIV medication and treatment. This represents a coverage rate of sixty-nine percent (69%). This rate was attained through several initiatives by the Government of Trinidad and Tobago (GoRTT) (Ministry of Health) such as the provision of free access to anti-retroviral (ARV) drugs for all HIV patients, the establishment of the HIV testing and counselling programme and the increased financial support to organizations such as the MRFTT for the provision of HIV palliative care and treatment.

¹ <http://www.tchari.org/default.asp>

5. NON-GOVERNMENTAL ORGANIZATIONS (NGOS)

The Ministry of Health has supported and partnered with twenty-one (21) Non-Governmental Organisations (NGOs) to ensure that there is improved access to health care by all segments of the society. In particular, some of the areas targeted include Chronic Diseases, Rehabilitative Services, and Convalescent Home services.

CHRONIC DISEASES

Diabetes Association of Trinidad and Tobago

The Diabetes Association of Trinidad and Tobago (DAT) was founded on July 2, 1988 and was incorporated by Act No 15 of 1989 as a charitable, voluntary, community organization. The mission of DAT is *'to promote health in people with diabetes and to prevent or at least delay the onset of diabetes in those at risk through education, research and advocacy.'* The association has twenty-four (24) branches spread throughout the country. The membership of DAT consists of doctors, lawyers, nurses, dieticians, nutritionist and diabetic counsellors.

For the period under review the association tested thirteen thousand, three hundred and eighty-one (13,381) persons, of which one hundred and seventy-one (171) were found to be diabetic. The association conducted lectures and testing at various institutions; a diabetic quiz in eleven (11) schools in Central Trinidad; as well as the conduct of its annual residential camp for children at the University of the West Indies.

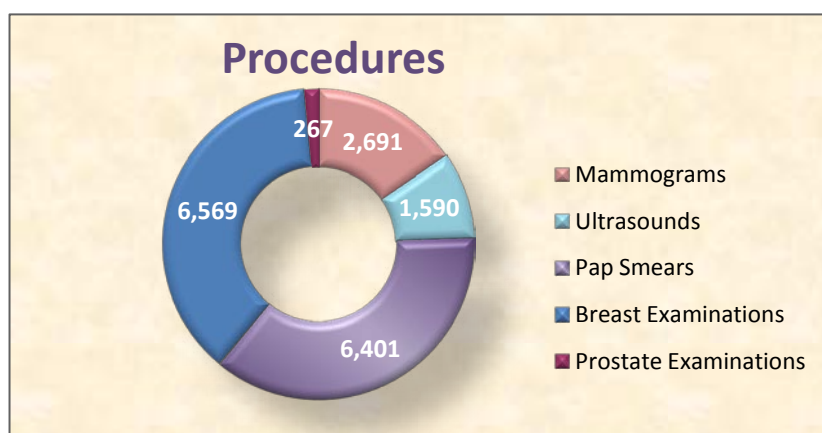
Trinidad and Tobago Cancer Society

The Trinidad and Tobago Cancer Society is actively involved in the fight against cancer through screening to facilitate early detection; education to increase public awareness of the disease and social counseling and psychological support and welfare assistance. The Society has expanded its services to include palliative care to terminally ill cancer patients at the newly opened hospice, *Vitas House Limited*. The mission of the organization is *"to create and promote greater awareness of the need for early detection and preventative measures to reduce the incidence of cancer through education, service and advocacy."*

The Trinidad and Tobago Cancer Society continues to provide cancer screening services by conducting clinics to perform Pap smears, Mammograms, Prostate Specific Antigen and Digital Rectal Prostate examinations (PSAs and DREs), as well as Breast, Pelvic and Prostate Ultrasounds and Biopsies. Plans are afoot to re-introduce a programme of Colon Cancer Screening.

Over the 12 month period October 2009 to September 2010, seventeen thousand, five hundred and eighteen (17,518) screening procedures were performed by the Society, broken down as follows:

Figure 13
Procedures completed by the
Trinidad and Tobago Cancer Society
for 2009-2010



South Cancer Support Group

The Cancer Support Organisation (formerly South Cancer Support Group) was founded in 1992. Its mission is “to support, educate and promote the care and well being of cancer patients, their families and the general public with regard to prevention and early detection of cancer in conjunction with the health care system.”

The Cancer Support Organisation provides education and outreach programmes; counselling; group support; cancer screening clinics for men and women; and consultancy services to cancer patients. The services are free of charge and are designed to assist in choosing the course of action with the best chance of success and optimum quality of life for each patient with efficient use of their resources.

AIDSLINE - The National Aids Hotline

The National AIDS Hotline has been providing a listening service to the citizens of Trinidad and Tobago since December 16th, 1988 and has had the privilege to serve over 100,000 plus callers over the years. The Hotline also receives calls from other CARICOM territories.

The major objective is *'to offer a highly confidential and non-judgemental compassionate and anonymous service to those infected, affected, living with HIV and people who need information about HIV/AIDS/STIs'*.

To improve the efficiency of this service, a training programme was coordinated by Ms Beulah Duke, Nurse Educator from September 12th, 2009 to November 7th, 2009 on Saturdays. The programme was designed to prepare listeners with HIV/AIDS related issues including those that impact on people living with HIV/AIDS which are likely to be addressed in the information/education support services of the hotline. All participants were screened by the organization prior to the participant beginning training. A total of twenty (20) persons were trained ranging from ages 21 to 53. The components of the training programme included:

- Building a base of scientific knowledge in HIV/AIDS/STIs human sexuality and the elements of safer sex;
- Psychosocial dynamics of families and illness;
- Understanding the elements of living and coping with HIV/AIDS;
- Self development/enhancement exercises, particularly to build interpersonal listening and communication skills;
- The principle and practices of the Hotline;
- Telephone etiquette and handling of crank calls; and
- Introducing and enhancing basic counselling skills utilizing models of various theorists.

The Society for Inherited and Severe Blood Disorders (Trinidad and Tobago) Ltd

The mission of the society is to improve the quality of life of persons with Inherited and Severe Blood Disorders namely Sickle Cell Disease, Thalassaemia and Haemophilia by:

- ❖ Educating parents, patients and care givers in the care and treatment of the disorders to enable them to make informed decisions;
- ❖ Keeping abreast with current studies, technology and medication for the various disorders;
- ❖ Offering support psychological and otherwise to affected families; and
- ❖ Creating an awareness of these diseases by the National Community.

The society in conjunction with the relevant authorities in Tobago, the Haematology Unit, Para Clinical Sciences UWI, conducted a population survey of

Haemoglobinopathies born in Tobago during the period 2009/2010. A total of one thousand, two hundred and forty-six (1,246) persons were screened.

The study entailed screening newly born to establish the approximate number of persons born each year with Sickle Cell Disease, Thalassaemia major and Thalassaemia Intermedia. In keeping with international standards, the Society has decided to continue the project in an on-going basis with hopes to include Trinidad.

John Haynes Memorial Kidney Foundation

The John Haynes Memorial Kidney Foundation (JMKF) was incorporated by Parliamentary Act of 1979 as a charitable organization. For the past thirty years, the Foundation established itself as a strong national charity and as a pioneer in the field of co-operative medicine. With a mandate for prevention, diagnosis and treatment of kidney diseases, the Foundation has established itself as the leading and lowest cost care provider of haemodialysis services in the country, through partnerships with corporate sponsors. This achievement brought haemodialysis within the reach of persons with chronic renal failure who could not otherwise have afforded treatment and enhanced the Foundation's ability to sustain and improve the lives of these persons.

Over the fiscal period 2009-2010 the Ministry of Health purchased dialysis care from JMKF on behalf of eight hundred and eighty-two (882) patients who were in dire need of dialysis treatment and could not afford to otherwise access this care, at a cost of eight million, six hundred thousand, three hundred and fifty dollars (\$8,600,350.00).

Trinidad and Tobago Heart Foundation

The Trinidad and Tobago Heart Foundation started in August 1996. The main objective of the heart foundation is *'to promote awareness of heart health and the benefits associated with a healthy lifestyle and proper dietary requirements'*.

The key activity of the TTHF is its annual South Heart Walk and Health Fair which had approximately four hundred (400) participants. The TTHF was able to form an alliance with John Hopkins Cardiology and Heartbeat International of Trinidad and Tobago. Through this alliance the TTHF expects to develop enhanced educational materials for improved public knowledge on the subject matter; to introduce Corporate Awareness programmes such as employee wellness and lifestyle modification programmes such as smoking cessation.

REHABILITATIVE SERVICES

Living Water Community

The Living Water Community is an NGO which was incorporated on September 08, 1981 as a non-profitable charitable organization with many outreaches to the poor and underprivileged in Trinidad & Tobago, Barbados, St Lucia and Saba. The mission of the Living Water Community is *“a Catholic Family on a journey to holiness. Empowered by the Spirit of Jesus, we strive to be His Healing Presence to all who thirst. United in love, prayer and mission, we joyfully lay down our lives in the service of the Kingdom of God.”* Under the Living Water Community there are several ministries, three (3) of which are discussed below.

Living Water Hospice

The Living Water Hospice was established on 14th August, 1983 (28 years ago), to tend to the terminally ill and socially displaced, with emphasis on terminal Cancer patients, at no cost to these patients. Patients have been sent to the Hospice from the Regional Hospitals and Nursing Homes during their final stage of life. The Hospice has accommodation for ten (10) terminally ill cancer patients and patients with other illnesses in its main ward and four (4) Socially Displaced ill patients in another ward.

This Living Water Hospice has assisted with training in the area of Palliative Care for 13-22 students annually from the BSc. Oncology Nursing Programme of the School of Advanced Nursing Education, Faculty of Medical Sciences in Trinidad & Grenada, by receiving students for a period of guided clinical practice.

Table 21

Patients Record 2009 – 2010 *Living Water Hospice*

Year	No of Patients	No of Deaths
2009	57	45
2010	37	26

Mercy Home

The Mercy Home which is located on Fitt Street, Woodbrook, was opened on April 06, 2006 and is the only Hospice in Trinidad & Tobago for adults with HIV/AIDS. It is a 10-bed residential project of Living Water Community used exclusively for patients diagnosed with the positive retrovirus. Patients are referred to Mercy Home by the

Doctors at the Medical Research Foundation who supply drugs and treatment for patients with HIV/AIDS. All other drugs are provided by Mercy Home or relatives of the patient.

The Mercy Home offers medical care as well as social and psychological care, inclusive of pastoral care as part of its sensitivity to residents' well being in body, mind and spirit.

From April 2006 to December 31, 2010, 127 patients have been admitted. Forty-four (44) of these have died either at Port of Spain General Hospital, Caura or Mercy Home. At present, there are five (5) patients at the Hospice. Patients are free to return for after care support, counseling, discussion, information on illness, etc.

Table 22
Patients Flow at Mercy Home
For Period Oct 2009 - Sept 2010

	No of Patients		
	Male	Female	Total
Intake/Admission	9	17	26
Age	33-64	22-72	
# of Patients who Died	4	5	9
# of Patients Discharged	2	4	6
# of Patients Self-discharged	1	3	4

*Average length of stay is 5 months per patient

Marian House

Marian House is dedicated to providing a programme of housing, education, vocational training and personal development activities to socially displaced young men between the ages of fourteen (14) and twenty-one (21). In December 1987, Marian House Living Water Community opened its doors with a commitment to the rehabilitation and holistic development of those in its care.

Over the last year, twenty-five (25) young men have been accommodated. Some of the young men graduated and moved on to independent living, some were reintegrated with their family and others left the programme permanently.

Trinidad and Tobago National Council on Alcoholism and Other Addictions

This Council was established in 1976 by the late Professor Michael Beaubrun and Mr George Edwards. It was originally known as the Trinidad and Tobago National Council on Alcoholism, the appendage 'Other Addictions' was added in 1985 in response to the

growing drug problem. Its mission is *'to sustain national awareness of the harmful effects of alcohol and other drugs and promote drug free, healthy lifestyle.'*

The Council engaged both the print and electronic media in an effort to educate the population and create an awareness of the problems associated with the use and abuse of alcohol and other drugs. Lectures and interactive presentations were also done as part of this drive. The Council has targeted an education drive to the youths of the nation with the hosting of a Summer Camp for students between the ages of 11-17 which had seventy (70) participants and continues its support of the weekly Alcoholic Anonymous meetings which continues to attract new members, which indicates an increase in the number of alcoholics who wish to stop using alcohol.

CONVALESCENT HOMES

Christ Child Convalescent Home

The Christ Child Convalescent Home, a non-profit residential facility, serves children in need of shelter, special care, education and rehabilitation, with the aim of integrating them back into families and the community.

Children are referred by Medical Social Workers, Psychiatric Social Officers, Child Guidance Officers, Police Officers and the Court. The prevalent needs that are being manifested now are respite care mainly from traumatic situations. The Home can accommodate forty (40) children, twenty (20) girls and twenty (20) boys with an age range from 2 weeks to 15 years. The programme for these children includes caring for them, schooling, recreation, counselling and rehabilitation. The programme is geared towards a holistic lifestyle.

In 2010, two (2) students were successful in the SEA Examinations. Ten (10) boys and twelve (12) girls were placed in the nearby primary school (Diego Martin Boys and Girls RC). Children were also placed in the Corpus Christi Kindergarten and Nursery;

During the year under review the children attended Holiday Campus at Corpus Christi High School and Trinidad Country Club Tennis camp and Necessary Arts. In addition, the children of the home participate in the Unesco Club carnival band annually.

Besides the fun outings, children were taken to medical clinics when necessary, and visits were facilitated for them with Medical and Social workers and the Child Guidance Clinic.

In order to provide comfortable accommodation for the children, ongoing repairs and maintenance were carried out at the Home. The playground was also upgraded and now the residents can enjoy a safe comfortable outdoor recreational facility.

Table 23

Patients flow at Christ Child Convalescent Home

Activities	Nos
Admitted during the year	29
Discharged during the year	23
Adopted	1
Returned to Family	9
Transferred to other homes	7
Successful in SEA examinations	2

Leonard Cheshire Home

The vision statement for the Leonard Cheshire Home previously known as the Cheshire Foundation Home for the Sick is ‘A *community organisation promoting the holistic empowerment of persons with disabilities.*’ Its mission is ‘*to provide residential care for persons with disabilities and to empower our residents by creating opportunities that will allow them to take up their rightful place in our society regardless of colour, race or creed.*’

The home has the capacity to house twenty-three (23) persons with fourteen (14) residents currently under its care. A Day Support Programme was piloted successfully. This programme provided accommodations for disabled persons between the ages of 15 to 65, Mondays to Fridays to allow family members to meet their commitments and teach the disabled persons independent living skills.

OTHER NGO PARTNERS

Friends of the Blood Bank

The Friends of the Blood Bank assists the National Blood Transfusion Service in its efforts to provide a safe adequate blood supply to the nation’s medical institutions. The organization was initiated in 1972 and is run by a board of volunteers from various disciplines. At present the organization has one mobile unit which is used to service Trinidad and Tobago seven days a week by facilitating voluntary donors at their convenience.

For the period October 2009 to September 2010, two thousand, five hundred and six (2,506) units of blood were collected from voluntary blood donors at one hundred and thirty-eight (138) blood drives throughout the length and breadth of Trinidad, in non urban areas such as Tabaquite, Rio Claro, Barrackpore as well as more urban areas such as San Fernando, Port of Spain and Chaguanas.

Trinidad and Tobago National Association for Down Syndrome

The Trinidad & Tobago National Association for Down Syndrome (NADS) is dedicated to enabling and empowering children with Down Syndrome from lower socio-economic class. Their mission is to provide *“a welcoming, safe and nurturing environment for children with special needs, particularly those with Down Syndrome. In our care, each child is valued and given the opportunity to learn, grow and be creative so that they can become worthwhile, independent members of society.”*

NADS engaged in social, educational and sporting activities, including Special Olympics, in an effort to increase the self-esteem and independence of its students.

Informative Breast Feeding Service

The Informative Breastfeeding Service (TIBS), a Breastfeeding Resource Centre, is a non-profit, non-governmental organization, serving the people of Trinidad and Tobago. It was founded in 1977 and registered with the Ministry of Finance in December 1980. The mission of TIBS is *“to support mothers, babies and their families in breastfeeding through effective counseling and education while assisting all sectors of the community to appreciate the benefits of human milk.”* Its vision is *“to see a culture of breastfeeding throughout Trinidad and Tobago.”*

TIBS is a well established, internationally recognized, organization where the public can access information leaflets, posters, books, videos, DVDs, educational and training materials, breastfeeding supplies and access to international research. Its team of certified breastfeeding counsellors works throughout the country on a voluntary basis. TIBS provides breastfeeding counseling, free of charge, seven days a week. Support is provided by telephone, face-to-face at the TIBS Office and TIBS Centres, personal visits and with counselors at Support Group Meetings.

Table 24, overleaf, gives a breakdown of the how the Ministry appropriated subvention grants to these NGOs for their continued initiatives which support the physical and mental health of the nation.

Table 24
Subventions Granted to NGOs

NAMES	Total Subvention TT\$
Christ Child Convalescent Home	613,000
Diabetes Association of T & T	150,000
Cheshire Disability Services	50,000
T & T Cancer Society	158,500
T & T Leprosy Relief Association Society	195,000
T & T National Council on Alcoholism	150,000
Friends of the Blood Bank	320,000
John Hayes Memorial Kidney Foundation	30,000
Informative Breast Feeding Service	100,000
Catholic Marriage Advisory Council	12,000
New Life Ministries	590,000
Living Water Community	780,000
Lupus Society of T & T	10,500
T & T Association for Mental Health	10,000
South Cancer Support Group	100,000
Aidline- The National Aids Hotline	181,830
T & T Association for Downe Syndrome	50,000
Pharmacy of Medical Science Department	30,000
Society for Inherited Severe Blood Disorder	60,000
T & T Heart Foundation	25,000
TOTAL	3,615,830

6. TERTIARY LEVEL EDUCATIONAL INSTITUTIONS

These include the University of the West Indies (UWI); the University of Trinidad and Tobago (UTT); the College of Science, Technology and Applied Arts of Trinidad and Tobago (COSTAATT), and John Hopkins University. These institutions train health care professionals for the health sector in Trinidad and Tobago, which include, Doctors, Nurses, Pharmacists, Health Planners and Health Administrators.

UWI Telehealth

The UWI telehealth was launched in September 2004 at the Faculty of Medical Sciences, St Augustine Campus. The programme offers specialist consultations as well as continuing education for health care professionals and patients via a live two-way videoconferencing link with the Sick Kids Hospital in Toronto, Canada. The UWI telehealth programme allows improvements in the quality of health care provided in the country, reduces professional isolation and strengthens the teaching programmes at the faculty. The mission of the programme is *'To improve access to high quality paediatric health care, by integrating telehealth into the standard health care delivery system and enhancing information sharing and collaboration with specialist health care centres abroad.'*

For the year in review, twenty-one (21) consultations were held with three (3) children being accepted for surgery sponsored by the Herbie Fund; twelve (12) health care providers were trained by distance learning from the University of Washington, Seattle; an initiative with Sick Kids Hospital to develop capacity in the management of childhood cancers is being explored; and a new, fully equipped videoconferencing facility at San Fernando General Hospital was handed over to the TTHTC which is a collaborative venture between the Ministry of Health and UWI. The programme received the **Chaconia Medal Silver** for *'long and meritorious service to the Republic of Trinidad and Tobago in the sphere of medicine.'*

7. SPECIALLY CONTRACTED SERVICE PROVIDERS

AMALGAMATED SECURITY SERVICES LTD

The Ministry of Health entered into a contractual arrangement with Amalgamated Security Services Limited (ASSL) effective January 2009, for one year, to supply, install and maintain a General Packet Radio Service (GPRS)/Global Positioning System (GPS) Vehicle Tracking Service for 85 of the Ministry's vehicles. This was done to improve the management of the Ministry's fleet of vehicles by enhancing route management and tracking, and monitoring abuse and misuse of the vehicles. The Ministry continued this contractual arrangement throughout fiscal year 2009-2010.

NATIONAL EMERGENCY AMBULANCE SERVICE

The Ministry of Health contracted the Global Medical Response of Trinidad and Tobago (GMRTT) to manage and administer ambulance services in Trinidad and Tobago. As of September 2010, the GMRTT operated a complement of 37 units throughout the country from 13 bases. There were two hundred and seventy (270) Emergency Medical Technicians with two hundred and thirty-five (235) assigned to ambulances while thirty-five (35) are assigned as dispatch and office staff.

Approximately sixty-seven thousand, seven hundred and fifteen (67,715) calls were received by GMRTT for the period October 2009 to September 2010, with about seventy-five percent (75%) of these calls considered emergencies. The five (5) main complaints which ambulance personnel responded to were, breathing problems, sick, unconscious, chest pains and traffic accidents.

The fractile time response, which is, the time from the receipt of a call to the arrival of an ambulance on the scene, was ninety-five percent (95%) of all calls within the time of thirty (30) minutes and fifty-nine (59) seconds.

All ambulances were equipped with state of the art Phillips Heart Start Monitors. These monitors measure pulse, BP, Oxygen Saturation, Carbon dioxide in exhaled air, can perform ECGs (Electrocardiograms), ECG tracing hard copy, cardiac defibrillation and cardiac pacing (external pacemaker). The monitors are completely portable and can be moved off the ambulance to the patient's side. All Emergency Medical Technicians (EMTs) were given the required training in the usage of the new equipment.

To show appreciation to EMTs, 'Stork Pins' are given in recognition for any delivery of babies by the ambulance personnel and 'Save Pins' are given in recognition of ambulance personnel who save the lives of cardiac arrest patients. In 2010 there were thirty-six (36) ambulance baby deliveries.



Handing Over Ceremony of 15 New Ambulances on January 06, 2010

BRIAN LARA CANCER TREATMENT CENTRE

The Ministry continued its contractual arrangements with the Brian Lara Cancer Treatment Centre (BLCTC) to provide radiation treatment to one hundred and fifty-nine (159) patients at a total cost of eight million, thirteen thousand, and six hundred dollars (\$8,013,600.00).

SOUTHERN MEDICAL CANCER CENTRE

The Southern Medical Cancer Centre (SMCC) provided radiotherapy treatment to one hundred (100) patients at a total cost of five million and forty thousand dollars (\$5,040,000.00).

DIALYSIS TREATMENT

The Ministry currently purchases dialysis treatment from a number of dialysis service providers. These providers include: the John Hayes Memorial Kidney Foundation; the Maj Terrence Dialysis Centre; Community Hospital of Seventh-Day Adventists; and Health Net Limited.

NATIONAL INSURANCE PROPERTY DEVELOPMENT COMPANY LTD

From October 1993, the National Insurance Property Development Company Limited (NIPDEC) was contracted to manage the supply chain (procurement, storage and distribution) for the pharmaceutical and non-pharmaceutical medical supplies to the public health institutions, on behalf of the Ministry of Health. During the reporting period the sum of four hundred and fifty million dollars (\$450M) was allocated to NIPDEC for:

- the purchase of supplies;
- the operating costs (recurrent and capital) of the division;
- the operating cost of the Chronic Disease Assistance Plan (CDAP) programme and;
- NIPDEC's Management Fees.

Approximately four hundred and thirty-three million dollars (\$433M) worth of drugs and medical supplies were purchased, of which some three hundred and sixty-eight million dollars (\$368M) worth was distributed to the Regional Health Authorities and the CDAP programme.

APPENDICES

Appendix I

TRAINING PROGRAMMES - MINISTRY OF HEALTH OCTOBER 2009-SEPTEMBER 2010

Workshops		No. of Participants
1	Mastering Supervisory Skills	3
2	Preparation for Retirement	21
3	Retreat for Deputy Permanent Secretaries	2
4	Professional Development Series	6
5	Promoting Organizational Wellness	3
6	Optimizing Employee Performance: A Supervisor's Guide to Success	7
7	REDATAM (Retrieving of Data for Small Areas by Microcomputer)	1
8	ITEC Specialized Programme on Application Development using GIS and Remote Sensing	1
9	Building Critical Skills in the Middle Management Team	11
10	Training in Process Mapping	1
11	Introduction to Facilities Management	6
12	Hazard Analysis Critical Control Points (HACCP) in the Food Industry	16
13	Small Incision Cataract Surgery in Ophthalmology	2
14	Institute of Internal Auditors Seminar "Inspire, Engage, Connect"	6
15	Administrative Professionals Workshop for Executive Assistants	1
16	Business Etiquette for Administrative Professionals	2
17	PAHO/WHO Leaders in International Health Programme "Edmundo Granda Ugalde"	1
18	Psychometric Testing Training 2010	3

Workshops		No. of Participants
19	Dealing with Difficult People	1
20	Influenza Surveillance Training Workshop	3
21	Supervisory Management Skills	1
22	Distinguished Leadership and Innovation Conference 2010	11
23	2 nd Annual Caribbean Facilities Management and Maintenance Conference	5
24	Caribbean Association of Administrative Professionals (CAAP) Convention XI	4
25	Project Management For Administrative Professionals	3
26	Practices in Project Management T&T discussions based on the UFF Report	5
27	Managing Workplace Conflict	3
28	Preparation of Pension and Leave Records	14
29	Workshop on Chemical Precursors Control – Mexico City	1
30	Project Management Professional Microsearch International Inc	2
31	Certified Fraud Examiners Seminar	2
32	Training in Delegation Function	29
33	Training in “Proposal Writing”	1
Total		178

**TRAINING SESSIONS, WORKSHOPS AND CONFERENCES
COORDINATED BY THE INTERNATIONAL COOPERATION DESK**

1. 49th Directing Council, 61st Session of the Regional Committee of PAHO/WHO and the 18th Meeting of the CARICOM Ministers Responsible for Health;
2. International Swine Flu Conference;
3. PAHO/WHO's Leaders in International Health Programme 2009;
4. Preparation for Action Plans for Chemical Emergencies Workshop;
5. Workshop on Pandemic Influenza Preparedness and Response: Caribbean Experience and Lessons Learned;
6. Suicide Prevention Workshop;
7. Meeting to Share Lessons Learned and Future Challenges for Pandemic Influenza;
8. Mentoring of Mentors Workshop;
9. Workshop on Epizootics and Entomological Surveillance of Yellow Fever;
10. Workshop on the Adaptation of the Skills Enhancement for the Public Health Programme;
11. Regional Trainer of Trainer Workshop;
12. First Latin American and Caribbean Regional Meeting on: "Protecting Healthcare Workers";
13. Technical Cooperation Workshop on the TRIPS Agreement and Public Health;
14. Eventology Conference and Expo;
15. Ninth Annual General Meeting of the PANCAP against HIV and AIDS;
16. Request for Study Tour of the Trinidad and Tobago Programme on Health of Older People by the Barbados, Ministry of Health;
17. Training for Antimicrobial Resistance Surveillance;
18. WHO/PAHO/UNICEF Integrated Management of Childhood Illness (IMCI) Complementary Training on HIV;
19. Regional Emergency Response Team Communications and Information Management Training;

20. Regional Workshop on Evidence-Based Health Policy Research: Executive Summaries (Policy Briefs, P.B);
21. International Conference - "Beyond Quality II: Role of Health Players in Guaranteeing the Quality of Medicinal Products";
22. Pilot Application of Health Sector Disaster Risk Management Assessment Tool;
23. Pan American Health Organization/Health Metrics Network (PAHO/HMN) Mission to Trinidad and Tobago for the Strengthening of Health Information Systems;
24. 7th Global Conference on Health Promotion, " Promoting Health and Development: Closing the Implementation Gap";
25. Consultation on the national Policy for Older Persons;
26. Sub-regional Workshop to Disseminate a Municipal Toolkit for Community Preparedness for an Influenza Pandemic;
27. Expanded Programme on Immunization (EPI) Managers' Meeting;
28. Prevention of HIV Drug Resistance (HIVDR) in the Caribbean: Adherence Strategies, HIVDR Early Warning Indicators and use of Monitoring Tools as Viral Loads and HIVDR Genotyping;
29. Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Workshop;
30. Workshop on Climate Change, Water and Health in Central America and the Caribbean;
31. Hosting of Meeting on Clinical Management of Dengue Fever;
32. Regional Consultation Meeting: Integration of Priority Public Health Programmes into Integrated Health Services Networks: Maximizing Synergies for Collaborative Work;
33. Sub Regional Training Workshop for Planning of Pandemic Influenza Vaccine (H1N1) Introduction, prior to the XXVI Caribbean Managers' Meeting;
34. On Site Assessment of Radiology and Radiotherapy Services in Trinidad and Tobago;
35. HIV/AIDS Prevention and Control Project, Loan No. 7184-TR_World Bank Policy Forum of the Bank-Financed HIV projects in the Caribbean;
36. Caribbean Sub-Regional Meeting on Tobacco Surveillance Policy Development;
37. Introduction to the PERC Tool Workshop;
38. Forum for Action on Chronic Diseases in the Americas launch;
39. International Symposium of New Vaccines and the Regional Meeting of Epidemiological Surveillance and the Introduction of New Vaccines;

40. Regional IT Workshop;
41. Regional Workshop on the Revision of the Basic Safety Standards for Protection against ionizing Radiation and for the Safety of Radiation Sources;
42. International Conference on Emerging Infectious Diseases;
43. Commonwealth Sheering Committee for Nursing and Midwifery Workshops;
44. WHO FCTC - 4th Session of the INB;
45. Pre-World Health Assembly(WHA) Meeting of the Commonwealth Health Ministers and the 63rd World Health Assembly (WHA);
46. First Global Forum on Medical Devices;
47. 50th Directing Council, 62nd Session of the Regional Committee of the Pan American Health Organization/ World Health Organization (PAHO/WHO) and; the 19th Meeting of the CARICOM Ministers Responsible for Health
48. World Health Organization (WHO) Third Meeting of the International Health Regulations Review Committee;
49. PAHO/WHO 's Leaders in International Health Programme "Edmundo Granda Ugalde" (LIHP) 2010;
50. "Caribbean Training w/shop on the WHO/HAI Standard Methodology for conducting a survey of medicine prices and availability;
51. Caribbean HIV/AIDS Regional Training (CHART) Network Retreat;
52. Training Workshop on Developing a Biomedical Waste Management Policy and Plan;
53. 14th Ordinary Meeting of the Regional Coordinating Mechanism, Pan Caribbean Partnership Against HIV and AIDS (PANCAP);
54. Risk Communication Capacity Building Meeting;
55. Nomination to National Coordination Committee The Development of a National Implementation Plan for the Stockholm Convention;
56. International Course: Intro to Cancer Registration and its Application to Can Epidemiology and Programmes;
57. Regional Meeting on the Implementation of the Int'l Health Regulations(IHR);
58. Caribbean Sub-Regional Cooperation Strategy Stakeholder Consultation;
59. Consultation of Experts on Indicators for the Management of the Quality of the Productive Management Methodology for Health Services
60. Dengue and Emerging Viral Diseases Meeting
61. Application to European Commission Call for Proposal for Supporting Prevention and Control of Non-Communicable diseases;

62. Third Americas Regional Conference;
63. UNAIDS Caribbean Regional Workshop on Estimation of size of Most at Risk Populations;
64. CICAD Seminar on the Investigation of the Sale of Drugs over the internet;
65. External Examiner in the Regional Nursing Final Examination of the General Nursing Council;
66. 14th Health Disaster Coordinators (HDC) meeting and the 4th C'bean Health Disaster Risk Reduction (CHDRRC);
67. CMOs Joint Meeting;
68. Workshops on Damage and Loss Assessment and the Impact of the Influenza Pandemic;
69. Diabetes Summit for Latin America;
70. Participation in the call for candidates for the NCD Epidemiologist Course;
71. Regional Meeting of Biotechnological Products - 1st Meeting of the Biological/Biotechnical Products - PANDRH Working Group;
72. Co-facilitator in the 4th course on the Application of the Hospital Safety Index and a Member of a Team to undertake the Assessment of the Georgetown Public Hospital;
73. United States Department of Agriculture (USDA) Live Bird Marketing System Continuing Education Training Course;
74. United States Department of Agriculture (USDA) Consultation on Caribbean Food Safety;
75. Caribbean Cytometry and Analytical Society (CCAS) Caribbean HIV/AIDS Regional Training Network (CHART) - Centre for Disease Control and Prevention (CDC) Joint Workshop;
76. Global Fund's Regional Coordinating Mechanism/ Country Coordinating Mechanism (RCM/CCM) Regional Workshop;
77. Workshop on Chemical Precursors Control;
78. Advanced Workshop on Strengthening Monitoring and Causality Assessment of Advances Events Attributed to Immunization (ESAVIO); and
79. Hemispheric Meeting of the Social Protection and Health Network of the IDB Regional Policy Dialogue.

Appendix III

**MINISTRY OF HEALTH BUDGETED & ACTUAL EXPENDITURE
FOR THE PERIOD OCTOBER 2009 TO SEPTEMBER 2010**

ACCOUNT (SUB-HEAD / ITEM / SUB-ITEM)	Budgeted	Actual	%
01 PERSONNEL EXPENDITURE			
001 General Administration			
01 Salaries and Cola	26,493,400	25,833,591	98%
02 Wages and Cola	3,200,000	2,526,261	79%
03 Overtime	-	-	-
04 Allowances - Monthly Paid Officers	1,235,000	1,180,092	96%
05 Government's Contribution to N.I.S	1,950,000	1,804,955	93%
06 Remuneration to Board Members	250,000	-	0%
07 Vacantpost - Sal. & Cola (with bodies)	-	-	-
08 Vacant Posts - Sal. & Cola (without bodies)	500,000	-	0%
12 Settlement of Arrears to Public Servants	90,000	86,044	96%
14 Remuneration to Cabinet - App. Committee	350,000	278,200	79%
16 Payment of Increments - Salaries	-	-	-
20 Gov't Contrib. to Group Health Ins. - Daily Paid	19,000	16,042	84%
21 Gov't Contrib. to Group Pension Plan	117,000	-	0%
22 Increase Salaries to Public Officers	-	-	-
23 Salaries - Direct Charges	580,000	559,238	96%
24 Allowances - Direct Charges	80,000	68,463	86%
27 Gov't Contrib. to Group Health Ins.- M'thly Paid	189,000	184,831	98%
29 Overtime - Daily Rated Workers	339,500	339,426	100%
30 Allowances Daily Rated Workers	-	-	-
31 Gov't Contrib. to NIS - Direct Charges	23,000	20,670	90%
Total Item 001	35,415,900	32,897,813	93%
004 Vertical Services			
01 Salaries and Cola	46,000,000	43,577,590	95%
02 Wages and Cola	42,800,000	36,090,586	84%
03 Overtime - Monthly Paid Officers	200,000	163,647	82%
04 Allowances - Monthly Paid Officers	1,902,000	1,383,826	73%
05 Government's Contribution To N.I.S.	5,750,000	5,525,670	96%

ACCOUNT (SUB-HEAD / ITEM / SUB-ITEM)	Budgeted	Actual	%
20 Gov't Contrib. to Group Health Ins. - Daily Paid	255,000	222,131	87%
21 Gov't Cont. to Group Pension Plan	1,134,000	-	0%
27 Gov't Contrib. to Group Health Ins.- M'thly Paid	348,000	333,675	96%
29 Overtime - Daily Rated Workers	1,797,500	1,575,259	88%
30 Allowances - Daily Rated Workers	217,300	216,797	100%
Total Item 004	100,403,800	89,089,180	89%
005 North West Regional Health Authority			
01 Salaries and Cola	35,186,181	27,447,063	78%
04 Allowances - Monthly Paid Officers	7,000,000	5,803,960	83%
05 Government's Contribution to N.I.S.	2,970,000	1,772,173	60%
27 Gov't Contrib. to Group Health Ins.- M'thly Paid	261,000	207,818	80%
Total Item 005	45,417,181	35,231,013	78%
006 North Central Regional Health Authority			
01 Salaries and Cola	12,290,048	10,695,621	87%
04 Allowances - Monthly Paid Officers	3,199,000	2,369,786	74%
05 Government's Contribution to N.I.S.	990,000	746,893	75%
27 Gov't Contrib. to Group Health Ins.- M'thly Paid	103,000	97,707	95%
Total Item 006	16,582,048	13,910,006	84%
007 Eastern Regional Health Authority			
01 Salaries and Cola	4,972,280	4,185,558	84%
04 Allowances - Monthly Paid Officers	2,000,000	1,072,831	54%
05 Government's Contribution to N.I.S.	375,000	264,824	71%
27 Gov't Contrib. to Group Health Ins.- M'thly Paid	31,000	30,284	98%
Total Item 007	7,378,280	5,553,497	75%
008 South West Regional Health Authority			
01 Salaries and Cola	27,408,802	23,096,082	84%
04 Allowances - Monthly Paid Officers	6,970,000	6,351,888	91%
05 Government's Contribution to N.I.S.	2,500,000	1,503,946	60%
27 Gov't Contrib. to Group Health Ins.- M'thly Paid	212,000	162,281	77%
Total Item : 008	37,090,802	31,114,197	84%
Total Sub-Head -Personnel Expenditure	242,288,011	207,795,706	86%

ACCOUNT (SUB-HEAD / ITEM / SUB-ITEM)	Budgeted	Actual	%
02 GOODS AND SERVICES			
001 General Administration			
01 Travelling & Subsistence	1,962,000	1,961,128	100%
03 Uniforms	380,000	340,032	89%
04 Electricity	1,600,000	1,337,225	84%
05 Telephones	4,650,000	3,874,578	83%
06 Water and Sewage	-	-	-
08 Rent / Lease - Office Accom. & Storage	7,700,000	7,144,645	93%
10 Office Stationery and Supplies	2,935,000	2,872,153	98%
11 Books and Periodicals	80,000	59,831	75%
12 Materials and Supplies	350,000	32,539	9%
13 Maintenance of Vehicles	313,000	249,855	80%
15 Repairs & Maintenance - Equipment	160,000	135,071	84%
16 Contract Employment	105,005,000	103,521,783	99%
17 Training	37,953,000	25,625,508	68%
18 Expenses	-	-	-
19 Official Entertainment	70,000	12,660	18%
21 Repairs & Maintenance - Buildings	800,000	550,943	69%
22 Short-Term Employment	4,000,000	2,104,946	53%
23 Fees	400,000	311,883	78%
24 Refunds and Rebates	18,000	12,190	68%
27 Official Overseas Travel	1,000,000	777,698	78%
28 Other Contracted Services	2,700,000	1,278,732	47%
36 Extraordinary Expenditure	500,000	8,845	2%
37 Janitorial Services	336,000	330,945	98%
39 Drugs and other related material and supplies	-	-	-
57 Postage	15,000	6,348	42%
58 Medical Expenses	50,000	-	0%
60 Travelling - Direct Charges	190,000	155,584	82%
62 Promotions, Publicity & Printing	11,000,000	7,475,680	68%
66 Hosting Conferences, Seminar & oth. Functions	2,000,000	1,973,466	99%
99 Employee Assistance Programme	200,000	-	0%
Total Item : 001	186,367,000	162,154,266	87%
004 Vertical Services			
01 Travelling & Subsistence	5,000,000	4,882,146	98%
03 Uniforms	400,000	338,521	85%
04 Electricity	1,700,000	1,226,517	72%

ACCOUNT (SUB-HEAD / ITEM / SUB-ITEM)	Budgeted	Actual	%
05 Telephones	1,084,000	753,540	70%
06 Water and Sewerage Rates	46,000	41,878	91%
08 Rent / Lease - Office Accom. & Storage	6,700,000	6,569,539	98%
10 Office Stationery and Supplies	950,000	895,787	94%
11 Books and Periodicals	745,000	678,462	91%
12 Materials and Supplies	6,200,000	3,724,522	60%
13 Maintenance of Vehicles	650,000	646,303	99%
14 Repairs to Vehicles	-	-	-
15 Repairs & Maintenance - Equipment	584,000	561,432	96%
17 Training	70,000	-	0%
18 Expenses	-	-	-
21 Repairs & Maintenance - Buildings	1,500,000	857,603	57%
28 Other Contracted Services	25,000	5,060	20%
37 Janitorial Services	236,000	191,513	81%
39 Drugs & Other Related Materials & Supplies	480,000,000	475,598,930	99%
57 Postage	5,000	1,490	30%
62 Promotions, Publicity & Printing	1,650,000	520,027	32%
Total Item 004	507,545,000	497,493,271	98%
005 North West Regional Health Authority			
01 Travelling & Subsistence	1,800,000	1,202,980	67%
03 Uniforms	500,000	167,625	34%
40 Food at Institutions			
Total Item 005	2,300,000	1,370,605	60%
006 North Central Regional Health Authority			
01 Travelling & Subsistence	1,200,000	769,137	64%
03 Uniforms	200,000	89,085	45%
Total Item 006	1,400,000	858,222	61%
007 Eastern Regional Health Authority			
01 Travelling & Subsistence	1,300,000	1,029,675	79%
03 Uniforms	100,000	19,725	20%
Total Items 007	1,400,000	1,049,400	75%
008 South West Regional Health Authority			
01 Travelling & Subsistence	3,900,000	3,658,789	94%

ACCOUNT (SUB-HEAD / ITEM / SUB-ITEM)	Budgeted	Actual	%
03 Uniforms	250,000	124,300	50%
Total Items 008	4,150,000	3,783,089	91%
Total Sub-Head Goods and Services	703,162,000	666,708,853	95%
03 MINOR EQUIPMENT PURCHASES			
001 General Administration			
01 Vehicles (Replacement)			
02 Office Equipment	330,000	203,901	62%
03 Furniture & Furnishing	900,000	851,654	95%
04 Other Minor Equipment	400,000	246,195	62%
Total Item 001	1,630,000	1,301,749	80%
004 Vertical Services			
01 Vehicles (Replacement)			
02 Office Equipment	545,000	284,069	52%
03 Furniture and Furnishings	500,000	343,527	69%
04 Other Minor Equipment	3,250,000	1,170,147	36%
Total Item 004	4,295,000	1,797,743	42%
Total Sub-Head Minor Equipment	5,925,000	3,099,492	52%
04 CURRENT TRANS. AND SUBSIDIES			
001 Regional Bodies			
01 Caribbean Health Research Council	722,039	707,037	98%
04 Caribbean Food and Nutrition Institute	723,747	723,746	100%
05 Caribbean Regional Drug Testing Laboratory	578,000	-	0%
06 Caribbean Environmental Health Institute	683,000	597,507	87%
08 Caribbean Epidemiology Centre (CAREC)	9,350,000	9,181,729	98%
Total Item 001	12,056,786	11,210,020	93%
003 United Nations Organizations			
02 World Health Organization Regular Budget	925,214	925,049	100%
Total Item 003	925,214	925,049	100%

ACCOUNT (SUB-HEAD / ITEM / SUB-ITEM)	Budgeted	Actual	%
005 Non Profit Institutions			
20 Non-Profit Institutions	5,000,000	4,942,278	99%
Total Item 005	5,000,000	4,942,278	99%
007 Households			
01 Med. Treatment of Nationals in Institutions	69,480,000	67,323,614	97%
02 Grants to Necessitous Patients (Hansen's)			
03 Grants to Necessitous Patients (Hospitals)			
04 Grants to Necessitous Patients (County District)			
05 Severance Pay and Retirement Benefits	900,000	885,098	98%
06 Contrib. to Mt Hope Patients' Trust Fund	-	-	-
07 Compensation	100,000	73,468	73%
08 V.S.E.P - Health Care Facilities' Officers	8,500,000	8,384,548	99%
09 Contrib. to Child Life Fund	6,600	6,600	100%
Total Item 007	78,986,600	76,673,328	97%
009 Other Transfers			
01 Regional Health Authority	427,903,408	427,898,250	100%
02 North West Regional Health Authority	543,513,819	543,513,819	100%
03 Eastern Regional Health Authority	178,327,720	178,327,720	100%
04 North Central Regional Health Authority	598,630,282	598,630,282	100%
05 South West Regional Health Authority	529,869,460	529,869,460	100%
Total Item 009	2,278,244,689	2,278,239,531	100%
010 Other Transfers Abroad			
01 Caribbean Environmental Health Institute	-	-	-
02 Pan American Health Organization (PAHO)	1,120,000	1,120,000	100%
Total Item 004	1,120,000	1,120,000	100%
Total Sub Head Current Transfers & Subsidies	2,376,333,289	2,373,110,206	100%
06 CURRENT TRANS. TO STATUTORY BOARDS AND SIMILAR BODIES			
004 Statutory Boards			
14 Princes Elizabeth Home for Handicapped Children	8,393,000	8,093,000	96%
15 T'dad & T'go Assoc. for Retarded Children			

ACCOUNT (SUB-HEAD / ITEM / SUB-ITEM)	Budgeted	Actual	%
(Lady Hochoy Homes)	10,290,900	9,635,076	94%
Total 006 Statutory Boards	18,683,900	17,728,076	95%
<i>TOTAL RECURRENT EXPENDITURE</i>	<i>3,346,392,200</i>	<i>3,268,442,333</i>	<i>98%</i>
DEVELOPMENT PROGRAMME			
SOCIAL INFRASTRUCTURE			
EDUCATION			
SPECIAL EDUCATION			
Princess Elizabeth Home for Handicapped Children	400,000	30,130	8%
Total Project Group E	400,000	30,130	8%
SOCIAL INFRASTRUCTURE			
HEALTH			
HOSPITALS			
Hospital Enhancement & Development Programme	40,000,000	35,685,132	89%
Total Project Group A	40,000,000	35,685,132	89%
OTHER SERVICES			
Special Programme - HIV/AIDS	11,000,000	10,024,407	91%
Special Programme - Treatment of Adult Cardiac	15,500,000	14,645,237	94%
Special Programme - Renal Dialysis	18,400,000	18,184,288	99%
Support to World Bank - Funded Loan for HIV/AIDS	2,000,000	1,963,735	98%
Tissue Transplant	3,475,000	2,745,484	79%
Special Programme - Chronic Diseases	500,000	-	0%
Waiting List for Surgery (NEW)	4,125,000	2,398,137	58%

ACCOUNT (SUB-HEAD / ITEM / SUB-ITEM)	Budgeted	Actual	%
Emergency Medical Service Base Upgrade	-	-	-
Community Outreach Family Medicine Programme	500,000	-	0%
Establishment of Facilities for the Socially Displaced	1,000,000	-	0%
Cardiovascular Services Initiative	-	-	-
Diabetes Services Initiative	-	-	-
Total Project Group D	56,500,000	49,961,288	88%
Total Sub-Item Group 004-07	96,900,000	85,676,549	88%
MULTI-SECTORAL AND OTHER SERVICES			
GENERAL PUBLIC SERVICES			
FOREIGN AND TECHNICAL ASSISTANCE			
Human Resources Strategy	4,005,000	3,985,850	100%
Training	10,100,000	10,034,459	99%
Technical Assistance	2,870,000	2,815,188	98%
Pre-Investment Studies	30,000	-	0%
Communications Programme	100,000	32,700	33%
Project Administration (Execution Unit)	1,625,000	1,361,518	84%
Physical Investments	22,100,000	21,418,533	97%
National Community Care Programme	6,000,000	4,285,459	71%
Information Systems (Equipment and Software)	34,000,000	33,579,575	99%
Early Construction Management Cost - RHAs	100,000	-	0%
Hospitals Commissioning and Decommissioning	100,000	-	0%
Selected Centralized Services	100,000	-	0%
Construction of Oncology Centre	61,000,000	57,854,067	95%
Total Project Group C	142,130,000	135,367,349	95%
TOTAL DEVELOPMENT PROGRAMME	239,030,000	221,043,899	92%

ACCOUNT (SUB-HEAD / ITEM / SUB-ITEM)	Budgeted	Actual	%
<i>INFRASTRUCTURE DEVELOPMENT FUND</i>			
Scarborough Hospital	180,122,000	178,711,714	99%
Physical Investment	79,878,000	76,238,321	95%
Upgrade of C40 Building	3,870,000	1,779,059	46%
<i>TOTAL INFRASTRUCTURE DEVELOPMENT</i>	<i>263,870,000</i>	<i>256,729,094</i>	<i>97%</i>
<i>GRAND TOTAL</i>	<i>3,849,292,200</i>	<i>3,746,215,326</i>	<i>97%</i>



**PHOTOS OF
CELEBRATORY
EVENTS**



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Long Service Awards



Emancipation Day



Independence Day



Christmas with the Children of Employees



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Diwali



Administrative Professionals Day



Christmas at the Waterfront



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Carnival



Bring A Youth To Work



Mr. Jean-Marc Mc Intosh
OJT, Corporate Communications Unit
Junior World Champion - Sparring
2010 World Karate Championships



